MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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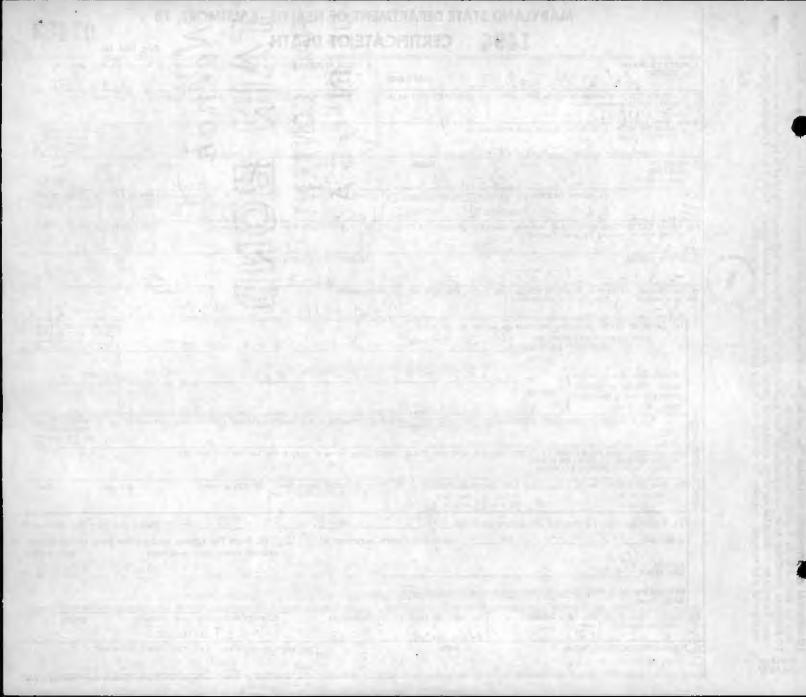
TO HOSPITAL O

VS A15 (4) 15M 10/57

1494 **CERTIFICATE OF DEATH**  01453

Reg. Dist. No.

		****
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence . STATE b. COUNTY	Ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FERALLA ALL  GYRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and )	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  2. NSecond AVE	1 d. STREET ADDRESS 2 N. SECOND AVE	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)  S. BLANCHE	AHL, OATE Month OF DEATH TO B	19 Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years list birthday)  Months  yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Slote of foreign country) 12. CIT	IZEN OF WHAT COUNTRYS
GEORGE W. STRONG	14. MOTHER'S MAIDEN NAME	7
	Address ALPH L. AHL 428 Wests	Hire Deive
18. CAUSE OF DEATH [Enter only one couse positine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hacand there	INTERVAL BETWEEN ONSET AND DEATH
33/X DUE TO CAKCEE -	- Allerosis	10 m
gove rise to immediate couse (a), stating the under lying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(d) 19. WAS AUTOPSY PERFORMED? YES NO M
	ED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Mour o. m. While Not while of work of work of work	LACE OF INJURY IHome, form, 20f. (City or town) (Cactory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from Yellow alive on 19/40, 19, and that death		last saw the deceased
SIGNATURE Chas L. Bally.	M.D. Another En Process	DATE SIGNED
PHYSICIAN'S CHARLES L. BALL. JR.		
REMOVAL (Specify) Feb 23 1960 LOUGON	PRESENTATORY 22d. LOCATION (City, town, or county)  BALTIMORE	(Stote)
23 JUNERAL DIRECTOR'S SIGNATURE 3207 W. NOI	PATE FEB 2 3 '60 24b. REGISTRAR'S SIG	M 7 3



01454

L		14	95	TIL OI BEATT	Reg	, Dist. No.		
ī	o. COUNTY Anne Aru	ndel	MARYLAND	2. USUAL RESIDENCE (W) STATE Maryland	here deceased lived. If institution: Re b. COUNTY	sidence before admission)		
ı	b. CITY OR TOWN ( RURAL and give n	If autside corporate limits, wri			autside carporate limits, write RURAL	and give nearest lown)		
	Glen Burn		35 days	Baltimore	17	3101.4		
	OR INSTITUTION	TAL (If not in hospite), give strong Nursing Hom		d. STREET ADDRESS	dyear St	e. IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print)	Alexander And	Middle lerson	Lost	4. DATE Month OF DEATH February 2	Doy Yeor 19 60		
5	. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		NOER I YEAR IF UNDER 24 HRS.		
I	Male		OWED 🚮 DIVORCED 🗍	October 18/	1870 9. AGE (in years lef UI lost birthday) Mar 1879 97s.	Hours Min.		
1	Oo. USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work dane I king life, even if retired)	66. KIND OF BUSINESS OR INDU			U.S.A.		
1	3. FATHER'S NAME		for a	14. MOTHER'S MAIDEN N				
ı	Unknown			Unknown				
	S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address			
ľ	Yes, no. or unknown) NO	(If yes, give wor or dates of service)	215-10-0711	Rachel Wallace	e 1926 Penna. Ave	.Balto.17.Md.		
F		ATH [Enter only one couse po ATH WAS CAUSED BY: U IMMEDIATE CAUSE (a)				INTERVAL BETWEEN ONSET AND DEATH OWES.		
	Conditions, if a		esical calculi			? yrs.		
	cotte (o), stating lying couse lost.	The under- DUE TO						
1000000	Senil	e mental chang	es		INAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1		
		AS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part 1 or Part II of item 18.)			
10000	20c. TIME OF INJUI Hour a. m. p. m.	. Wi	d. INJURY OCCURRED 20e. PL hile Not while fo work 0 work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)		
	21. I certify that I attended the deceased from January 21, 1960, to Feb 25, 1960, that I last sow the deceased alive on Feb 20, 1960 and that death occurred ot 5 A M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED							
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ames M. Pair.	M.D.	Baltimore	rollton Avenue	Feb. 26,196		
2		ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or cou	nty) (Stote)		
2	3. FUNERAL DIRECTOR	rs signature 1348	n. Callwin it		D BY REGISTRAR 24b. REGISTRAR	S SIGNATURE		

death: Page 4 mostring of the formal director, and the formal of the for ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL C

11 M2 W William Francisco Moline, Inc. 699-

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VS A15 (4) ISM 9/55

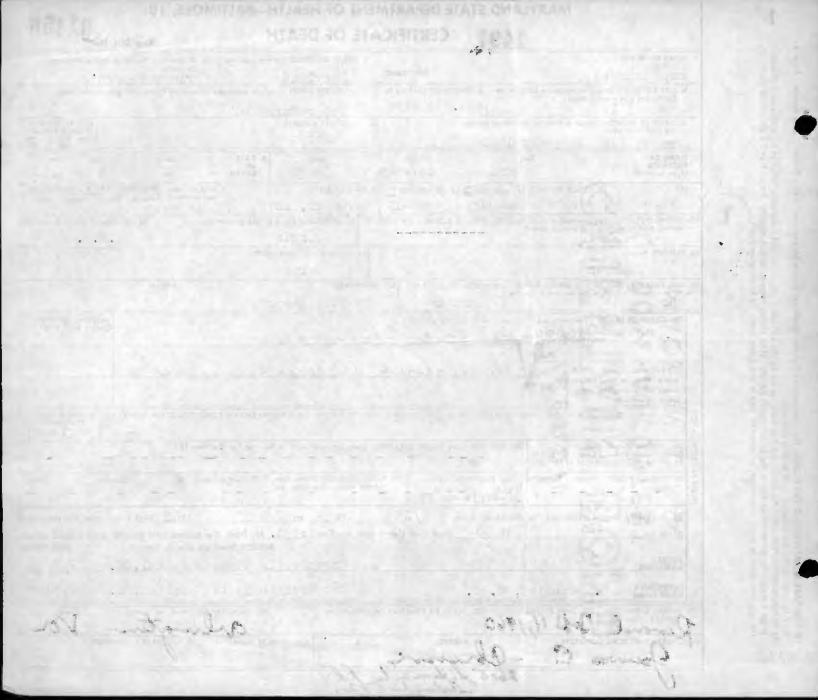
MARYLAND	STATE	DEPARTMENT	OF HEA	LTH-BALTIMORE,	18
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1498 CERTIFICATE OF DEATH

01455

1 1 12	JU CERTIFICA	TIE OI DEA		Reg. Dist. No.
a. COUNTY AMORTING	MARYLAND	Maryland	Where deceased lived. If instituti b, COUNTY	V
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	8 days		f autside corporate limits, write R	URAL and give nearest lawn)
Glen Burnie		Baltimore	16	340114
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Plaza Manor C	onvalesant Hom	B 2209 W. I	afayette Ave.	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF First DECEASED (Type or print) Samuel.	Middle	Anderson	4. DATE Mon OF DEATH Feb.	
5. SEX 6. COLOR OR RACE 7. MARR	IED   NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWE	DIVORCED [	October 16,	1878 81 yrs.	Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind af work dane 10b. during most of working life, even if retired)  1aborer	Railroad		te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Unknown		Henriett	a	
(Yes, no, or unknown) (If yes, give war or dates of service)		rl Brown 22	Add 209 W. Lafayette	
18. CAUSE OF DEATH [Enter only one cause per lin  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), storing the under:  DUE TO	e for (o), (b), and (c).] neralized arte	riosclerosis	3	INTERVAL BETWEEN ONSET AND DEATH  JIS
Iying couse lost.   (c)	CONTRIBUTING TO DEATH BUT			EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
<u> </u>	Not while fa	ACE OF INJURY (Home, fo	erm, 20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an Feb. 20, 19 ACTUAL SIGNATURE PHYSICIAN'S Jame's M. Pair, M. NAME (Type)	1. Cair	occurred at 2:3		and an the date stated above state) 7 DATE SIGNE
270. BURIAL, CREMATION, 27b. DATE THEREOF BURIAL (Specify) 2/26/60	Mt Auburn Ce		22d. LOCATION (City, town, or Baltimore, Ma	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 18 Druid Hill	24a. RI	C'D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

- Marchanel THE RESERVE ALLEGE AND THE PARTY OF THE PART AND ASSESSMENT OF THE PARTY OF MATTER TO STATE OF THE PARTY OF The state of the s be executed within



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4 1 - -CERTIFICATE OF DEATH 01458

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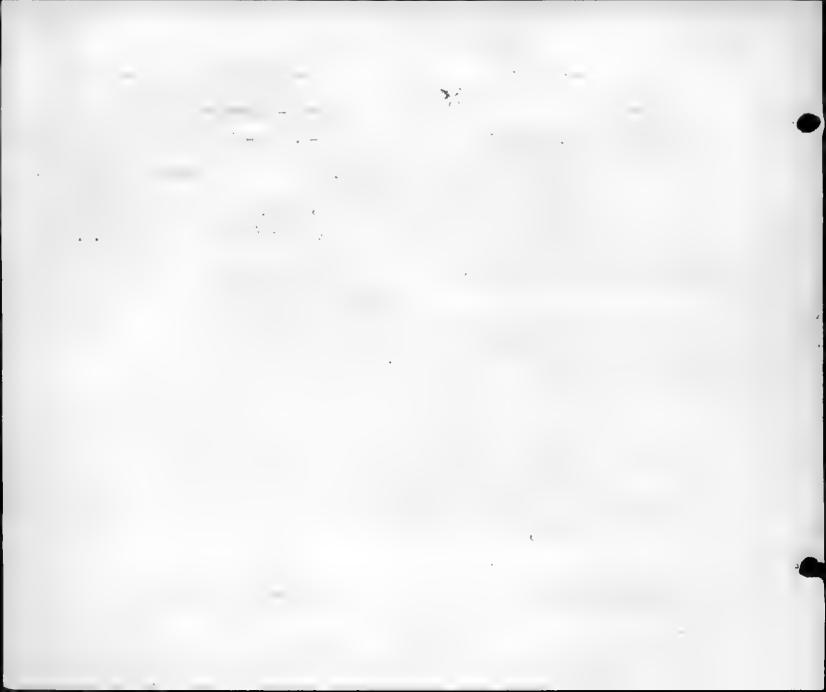
1	TADD CEKILLICY	Reg. Dist. No.
	1. PLACE OF DEATH d. COUNTY  Anne Arundel MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b COUNTY  Anne Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town)  Annapolis  1 day	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural - Edgewater
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital	d. STREET ADDRESS  Rt-3, Box-458  e. IS RESIDENCE ON A FARM? YES \( \text{NO.} \) NO.
	3. NAME OF DECEASED (Type or print)  John  First Middle  Middle	BARKSDALE  4. DATE Manth Day Year DEATH February 1 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  May 1, 1889  9. AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Min.
	Oderfree Comparison (Give kind of work dane of the street	West Virginia U.S.
)	WILLIAM BARKSDALE	14. MOTHER'S MAIDEN NAME  Placknown
	19. WAS DECEASED EVER'IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give wor or dates of service)	illiam & Barhsdale (2)
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CILLAGIA RETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Allere & e d.	shydration - secondary 7 days.
	gove rise to immediate couse (a), stating the under- lying couse lost.	
	CATK	T NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in Part I or Port II of item 18.)
		ACE OF INJURY (Hame, farm, clory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from Jan. 31 alive an January 31, 1960, and that death	, 19 60, ta, 19, that I last saw the deceased a occurred all 2:08 M, from the causes and an the date stated above.
	ACTUAL SUSANIA JON SETTE	ADDRESS (Street, city or town, stote)  Mayo Road  2/1/60
	PHYSICIAN'S Sylvia Lim	Edgewater, Maryland
	BINIAL (Specify) 1-2-1960 Cell Hallow	is Cent Birdsville Wa Co me
	Julin H. Jayler Sins Carpolis	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DATE 4 250 Suthwar 3: Hause

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs, other death. TO HUSFITAL OR ATTENDING FEFSCIAN; The law requires that the Seath certificate Se executed within 24 haurs or

VS A15 (4) 15M 9/58

death. Magn 3



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01/50

	1	458	CERT	FICA	ATE OF DEA	ATH		Reg. Dist.	_	300
1. PLACE OF DEATH a. COUNTY	Anne Ara			(LAND	2. USUAL RESIDENCE D. STATE	E (Where deceaseryland	ed lived If institution b COUNTY		before odm	_ '
b. CITY OR TOWN (IF RURAL and give no Anna pol	prest town)	ts, write	c LENGTH OF STAY	IN 1b		N (If outside corp	oorote limits, write R	URAL ond giv	e nearest la	wn)
d. NAME OF HOSPITA OR INSTITUTION Anne Arunde					d. STREET ADDR	West St.			ON	ESIDENCI A FARMS
3. NAME OF DECEASED (Type or print)	Frank		Middle $N$ ,		BASIL.	4. DATE OF DEAT	***************************************		Doy 5	Yeor 19 <b>6</b> 0
S. SEX	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARRI		B. DATE OF BIRTH  January 1	6, 1875	9. AGE (In years lost birthday) 85 yrs.	Months D	YEAR IF UN oys Hour	-
10a. USUAL OCCUPATIO during most of warki Butcher	ng life, even if retired	)	at market	OR INDU	3.0	(State or foreign	country)	12.CITIZE	U.S.	COUNTR
13. FATHER'S NAME  15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FOR	ervice)			NFORMANT	Inkra	Add			
PART I. DEAT  331 ×  Conditions, if an		, Cen	2 2 177		. Mike Bast	ul - So	11- Salito	as # 2	INTERVAL ONSET AN	
Parmie	the <u>under</u> DUE TO (c)  ER SIGNIFICANT CON LIOUR ON	DITIONS CO	a; can	ûn cu	NOT RELATED TO THE	vach		'EN IN PART	PERI	S AUTOP FORMED?
	MEDICAL EXAMINER)  Month, Day, Ye  19	20d. IN While at work	UURY OCCURRED Not while		ACE OF INJURY (Home clary, street, office bld		ity ar tawn)	(Co	unity)	(Sto
alive an	it gitended the				11101 2 20 1001	5A_M, fran	(Street, city or town,	d an the	date state	

BURIAL, CREMATION, REMOVAL (Specify) Burial 226 DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Annapolis, Maryland

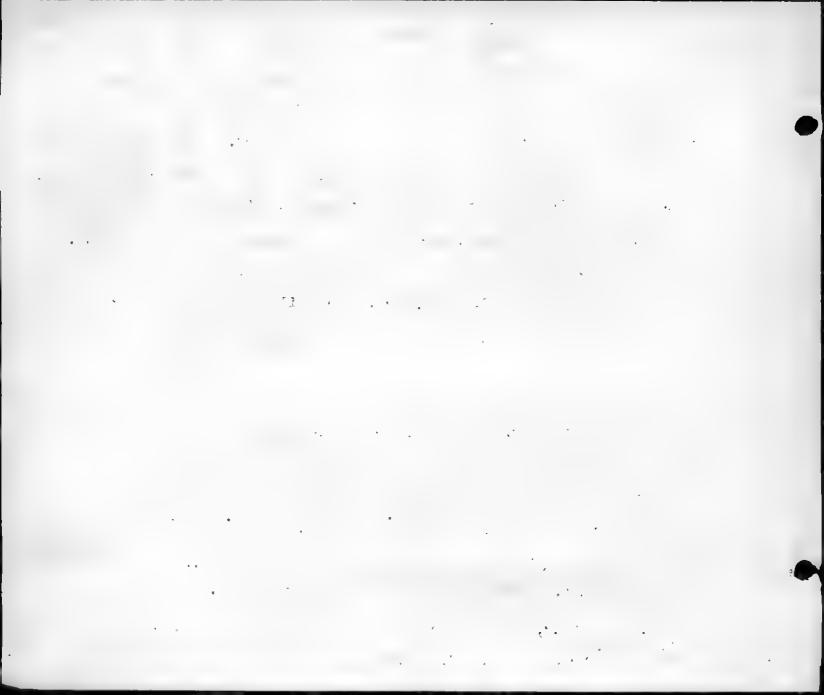
22d. LOCATION (City, fawn, or county) Annapolis, Maryland

Cedar Bluff Cemetery

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Ciriling S. Kraus DATE FEB 8

PARAL DIRECTOR'S SIGNATURES

VS A1S (4) 1SM 9/SB



Annapolis. Md.

15M 9/5B

DATE FEB 5

Chilling & Fleres



VS A1S (4) 1SM 9/58

## MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1458 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No. ()1461

	1. PLACE OF DEATH a COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE a. STATE Mary	(Where deceased live land	b. COUNTY Anne	nce before odmission) Arundel
	RURAL and give	lis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		imits, write RURAL and	give nearest town)
3	OR INSTITUTION	etAL (If not in haspital, give street  Ceneral Hospi		/d. STREET ADDRESS	est Drive		e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	First Benja min	Middle	BASSFORD	4. DATE OF DEATH	Month February	Day Year 20 19 60
	s. sex	6. COLOR OR RACE 7. MARR	_	8. DATE OF BIRTH August 14,	7 ddo	GE (In years IF UNDE st birthday) Manths	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
\	10a USJAL OCCUPAT guring most of wa 13. FATHER'S NAME	ION (Give kind of work done 10b rking life, even if refired)	KIND OF BUSINESS OR INDUS	14. MOTHER'S MAIDE	land N NAME		TIZEN OF WHAT COUNTRY?
	15. WAS DECEASED EX	TR IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO M	NFORMANT RSFRANK	ENOWN STALL	Address (	2)
)	PART I. DE  420 Canditions, if gave rise ta cause (a), stating lying cause last	immediate SUE TO	ronay the	hour RELATED TO THETE	RMINAL DISEASE COI	NDITION GIVEN IN PA	INTERVAL BETWEEN ONSET AND DEATH  10 19 WAS AUTOPSY PERFORMED? YES NO DEATH
	20a. ACCIDENT	G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Manth, Day, Year 20d. II While	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not white  k   at work	O (Enter noture of injury  ACE OF INJURY (Hame, fatory, street, affice bldg.)	form, 20f. (City or to		(County) (State)
	olive on	Feb. 300, 196	ond that death	occurred ob:45	A.M. from the ADDRESS (Street, hedral St.	couses and on th	ast saw the deceased the dote stoted above.  DATE SIGNED 2/20/60
	PREMOVAL (Specify		22c. NAME OF CEMETERY O	Annapol R CREMATORY		(City, tawn, ar county)	Since)
	23 JUNERAL DIRECTO	S SONATURE LE COMO	address polis		EC'D BY REGISTRAR FEB 2 3 '60	246 REGISTRAR'S S	





L	1499 CERTIFICA	AIE OF DEATH	Rej	g. Dist. No.
) T.	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where a STATE	deceased lived. If institution, Reb. COUNTY	esidence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give, nearest town)  Chuy Chton ML. 5475	c. CITY OR TOWN (If ounid	e corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO DE
	NAME OF DECEASED (Type or print) Blanche Th	11:111111		Day Year 24th - 1960
Ž	SEX   6. COLOR OF RACE   7 MARRIED   NEVER MARRIED	8. DATE OF BIRTH 4/13/25	tast birthday) Mar	
L	o. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)  40.05.801 F.B.	Baltimore	e Md.	2. CITIZEN OF WHAT COUNTRY?
-	T. FREDERICH Lutz		SMITH	
		RS Lillian Mc Si	herry ehur	chton und.
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	- 1	·n_	ONSET AND DEATH
	Conditions, if any, which by the the	id arteur.	iluni	
	gave rise to immediate cause (o), stating the <u>under-lying cause last.</u> DUE TO  (c)	<u> </u>		
) NOT S	PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		•	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part	Far Part II of ilem 18 )	
MEDICAL	20c, TIME OF INJURY Month, Day, Year Haur a. m. 19 at wark 20e, PL White Nat white for wark 19 at wark 19	ACE OF INJURY (Hame, farm, 2 ctary, street, affice bldg., etc.)	(City or town)	(County) (State)
	21. I certify that I attended the deceased from $2-23$ alive on $2-23$ , and that death	1960 to 2		at I last saw the deceased an the date stated above
	ACTUAL SIGNATURE Fruit H. When		RESS (Street, city or town, state)	
	PHYSICIAN'S NAME (Type)	. = # = = = = = = = = = = + + = =		
	BURIAL, CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OF WOOD OF COMPTERY OF WOOD OF COMPTERY OF COMPTER OF COMPTERY OF COMPTERS OF COM		LOCATION (City, lawn, ar causes of the control of t	(State)
	EUNERAL DIRECTOR'S SIGNATURE LEVELY HARDORESS LLO	DATE	REGISTRAR 246. REGISTRAR	rs signature and S. Thank
_	the state of the s			

TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs are death. Page 4 may be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remanal, and in any event within 72 hours after death.

VS A15 (4)



and that death occurred at

MD.

23c NAME OF PENETERY OR CREMATOR

ATTENDING

22d. ADDRES

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

DATE

DEATH

, ta.

MED DIRECTOR

25a. REC'D BY REGIS DATE FEB 2

Chil

CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) g. STATE should be filed MARYLAND C TY OR JOWN (if outside porporate limits, RURAL only give negres) (644) funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If\_outside corps the the d. NAME OF give street address) d. STREET ADDRESS by 1 que .≘ NAME OF DECEASED Middle campletely filled Pages 1 (Type or print) death. 6. COLOR OR RACE S SEX® 7. MARRIED NEVER MARRIED OF BIRTH ofter DIVORCED WIDOWED papers. haurs USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 during most of working life, everyif retired) ang carban within 72 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remaye WAS DECEASED EVER IN U.S 17. INFORMANT FORCES? 16. SOCIAL SECURITY NO aftending please ony 18. CAUSE OF DEATH [Enter only one cause per line for (o). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO ģ remayal, permit. Conditions, if ony, which has b≡en sign≡d gove rise to immediate couse (a), stating the underlying couse lost as the burial-transit Б PART 11 NOTIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEAS cremotion. or aftending 20d ACCIDENT WAS UNDERLYING TO OR CONTR BUTING CAYSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part TO TUNERAL MIRECTAR: After this cartificate page 3 shauld be detached for use as the but the State Board of Health prior to burial, cre-20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, /20f. (City Doy, Year 20d. INJÚRY OCCURRED factory, street, office bldg , etc.) Haur p. m. While Nat while at work at work p. m. retained by the haspital

21 I certify that (I) (this haspital) affended the deceased fram.

DATE THEREOF

23Ь

saw the deceased alive an.

CREMAT ON

BEMOVAL (Spec fy)

220 SIGNATUR

220

BURIAL,

a. Count a. Christol
rote limits, write RURAL and give nearest tawn)
me.
e IS RESIDENCE ON A FARM?
d. YES NO
Month, Day Year,
Jer 13 1960
9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths Days Haurs Min.
1 Syrs. Manths Days Haurs Min.
12. CITIZEN OF WHAT COUNTRY?
(
el elassali
Address
Same of House
INTERVAL BETWEEN
CONSET AND DEATH
0.7
Audden ?
1
econformale 2 years
E CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
YES NO.
r or tawn) (County) (State)
24/1/5 10/00 that 11 1 1 1 1
1900 that (i) (we) last
the causes and an the date stated above
STAFF PHYS 1 2/15/60
TOM, NID
TON (City, township county) (prote)
lwell and
TRAR 256 REGISTRAR'S SIGNATURE
60 Carling S. Thous

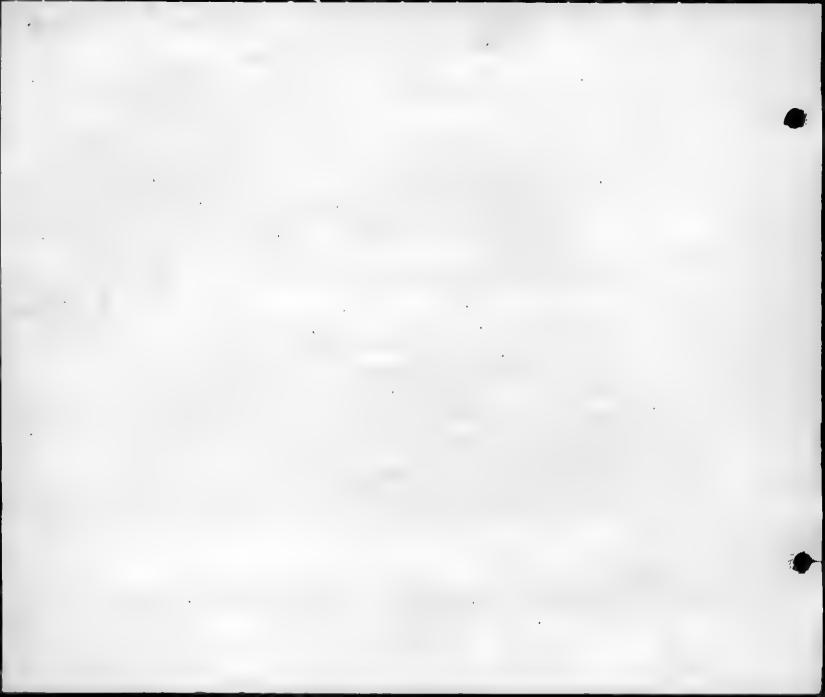
HOSPITAL 0 VR A15 (4) 15M 9/59

Page 4

executed within 24 hours of

requires that the death certificate be

ITENDING PHYSICIAN: The



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0140
		1501 CERTIFICATE OF DEATH Reg. Dis	(1.40) No. 27
	1. [	ACE OF DEATH COUNTY  2. USUAL RESIDENCE (Where deceased lived If institution; Residence of STATE b. COUNTY	e before admission)
,		Anne Arundel Raryland Anne Aru	ndel
/		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN Ib  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve negrest town)
	F	ort George G. Meade   3 days   X Severn	
		NAME OF HOSPITAL (If not in hospital, give street address)    d. STREET ADDRESS	e. M. RESIDENCE
		U. S. Army Hospital 8 Washington Avenue	YES T NO 1
	3. 1	AME OF First Middle Lost 4. DATE Months OF OF DEATH Following	Day Yeor
ŀ		Alteriotty Joseph 7207 Tebruar	
	5. 5	lost birthday) Months	YEAR IF UNDER 24 HRS
-	100	Male Cau WIDOWED DIVORCED 1 February 1960 yrs.  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI	2 EN OF WHAT COUNTE
	100	suring most of working life, even it refired)	
	13	N/A N/A Maryland W	<u>SA</u> .
` / <del> </del>	15.	James Lewis Bolt   Eleanore Josephine Milwiez	- 3- 1 A
/	[Yes	10 or unknown) [If yes, give wor or dates of service]	ashington A
F		N/A N/A N/A James Lewis Bolt (Father) Sev  B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).]	ern, Maryla Interval setween
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
		Septicemia with peritonitis and meningitis	
		Conditions, if ony, which ) (b) Sepsis	Unknown
		gave rise to immediate couse (a), stating the under-	Otherrown
		lying couse lost. (c)	
	Õ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS
2	\ V		YES X NO
	CERTIFICATION	10a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  PRODUCTION OF THE PROPERTY OF THE	
	MEDICAL	Hour o, m.   White Not white   factory, street, affice bldg., etc.) !	ounty) (State
	ME	p. m. 19 at work at work	- 150 - 150
		23. I certify that I attended the deceased from 9 February , 1960, to 10 February , 160 , that I le	ast saw the decea
		alive on 10 February , 19 60 , and that death accurred at 10:30 M, from the causes and on the	e date stated abo
		ADDRÉSS (Street, city or town, state)	DATE SIGI
		IGNATURE TO SU Chilogue Cy. The KMD.	10 Fe
/		HYSICIAN'S DOORD C MOVED CARE MC IN C Assess House to T Front Comme	C M
4		AME (Type) ROGER C. MOYER, CAPT., MC U.S. Army Hospital, Fort Geor	ge G. Meade
Ì	00.	BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	
	270	programmed (Const.)	(Stote)
		REMOVAL (Specify) 12 feb 1960 Ar hagtor Net 1- Com s Firt Mayer,	171716
		programmed (Const.)	171716



TO HOSPITAL

VS A15 (4) 15M 9/58

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01466

Reg. Dist. No.

)	1 PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	A CTATE	E (Where deceased (	lived. If institution, Res	sidence before odir	rission)
/	b. CITY OR TOWN (I RURAL and give no Annap	If autside corporate limits, write earest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN	,	te fimits, write RURAL		
3	d. NAME OF HOSP 1	TAL (If not in hospital, give street General Hosp	et address)	/ d. STREET ADDRE	secrest D	rive,	ON	RESIDENCE LA FARM? NO 📆
	3. NAME OF DECEASED (Type or print)	Betty	Middle	BOTHE	4. DATE OF DEATH	February	Day <b>19</b>	Year 19 <b>60</b>
)	Female	White wipo	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH October 2	, 1925	AGE (In years less birthdoy)  34 yrs.	ths Doys Hou	rs Min.
/	during most of work  HOUSE  13. FATHER'S NAME	ON (Give kind of work done) ( king life, even if retired)	HOME	India	na	infry)   12	U.S.	
	BERNIC 15 WAS DECEASEDEVE	F LFF KA U F IR IN U. 5 ARMED FORCES?  If yes, gave wor or dates of service)		GRAI INFORMANT DWARD	B.B.	ALL_Address	(2)	
	PART I. DEA  175. C  Conditions, if o gave rise to i cause (o), stating lying cause lost.	mmediate DUE TO	. 1 1 1	NOT RELATED TO THE	night ove	CONDITION GIVEN IN	PART 1(0) 19. WA	S AUTOPSY FORMED?
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year 20d	L-	ACE OF INJURY (Hame clary, street, office bldg	form, 20f (City o		(County)	NO (State)
	21. I certify the alive an	reb. 18, 19	ased fram Jan 2:	2, , 1960 , ta n accurred al:5	Feb. 1	ne causes and an are, city or town, state)	the date stat	
	220. BURIAL, CREMATIC REMOVAL (Specify)	2-22-196	D Helevest	Mimore	el Us	on (City, town, or cou	un 1	1010)
	23 JUNERAL DIRECTOR	's SIGNATURE 1. L'ayler Sen	s Adoress imapol	co 0/10-	REC'D BY REGISTR	AR 246/REGISTRAR	'S SIGNATURE	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01467

**CERTIFICATE OF DEATH** 

1, PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W D. STATE Maryla		1 COLUMN TO A	nce before odmission) e Arundel
b. CITY OR TOWN ( RURAL and give n	If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carporate	limits, write RURAL and	give nearest town)
Annapo		9 days	X RURAL -	- Davids	onville	
OR INSTITUTION	TAL (If not in hospital, give street el General Hospi		d. STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO
3 NAME OF	First	Middle	Lost	4. DATE	Manth	Day Year
(Type or print)	Joseph		BOYCE	OF DEATH	February	28 1960
s. sex Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	April 30,1		AGE (In years IF UNDE last birthday)  Manths	Days Hours Min.
dught mast of wer	ON (Give kind of wark done 10b. king life, even if retired)	RIND OF BUSINESS OF INDI	1 1 /	ar foreign count	ry) 12, CII	USA
13 FATHER'S NAME	Peter Bo)	/ce	FIRST Hame	1//	Warre	2 M
15, WAS DECEASED EVE (Yes. no, or unknows,	R IN U. S. ARMED FORCES? 16.	ar/i	Ars. Clyde C.	ME/a	nahan C	2)
	ATH [Enter only one cause per la ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	nenlar a	card	ent	INTERVAL BETWEEN ONSET AND PEATH
2 8/	DUE TO					'
Conditions, if o	iny, which )					
gave rise to i	mmediate Dus TO					
cause (a), stating lying cause lost.						
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPS' PERFORMED? YES NO C
20a ACCIDENT WORLD CONTRIBUTION (IF EITHER, NOTIFY	AS UNDERLYING   200. DES	CRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I or Part II	of item 18.)	
20c. FIME OF INJUI	RY Manth, Day, Year 20d 1 While 19 of wa	Nat while	LACE OF INJURY (Hame, far actory, street, office bldg., et		lawn)	(County) (State
	at (I) (this hospital) often	ded the deceased from	Feb. 19. 19	60. to F	eb. 28. 19	60. that (I) (we) la
sow the deceo	7 7 7 7	28_1960 , and that				
220. SIGNATURE	and m Du	110	ATTENDING A	AED _	STAFF PHYS.	275 DATE SIGNE 2/29/60
22c. PHYSICIAN'S	and it so	que			ral St.	2/27/00
NAME (Type)	Frank M. Shi	olev (	14.		Maryland	
23g. BURIAL, CREMATIC		23c, NAME OF CEMETERY			N (City, town, ar county)	(State)
13ULIA		Detrick	Cemetery	Detr	ick b	/irginia
FUNEYAL DIRECTOR	E'S SIGNATURE	ADDRESS	2. Shall 250 REC	D BY REGISTRAI	R 2Sb, REGISTRAR'S S	IGNATURE

TO MOSTILAL OF ALTERNATION OF A PARTICLE OF ATTIMOING MYSICIAM: The law requirm that the death certificate be executed within 21 haurs as: TO HOSPITAL OF

VR A1II (4) 15M 9/59

eath. Page 4



01468

**REGISTRAR'S SIGNATURE** 

246

24o, REC'D BY REGISTRAR

DATE FEB 1 8 '60

1502 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY o. STATE b. COUNTY b. CITY OR/TOWN (If autside carparate limits, Write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits write RURAL and give negres) town) RURAL and give negrest town) d. NAME OF HOSPITAL III not in haspital, give street address IS RESIDENCE ON A FARM? YES NO 7 NAME OF First Middle DATE Month Day Year DECEASED DEATH (Type or print) 19 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days WIDOWED IX DIVORCED [ YES. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? doring most of working life, even if retired 13. FATMER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUF TO couse (a), stating the underlying couse last. PART II. OTHER SIGNAEJCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bida, etc.) Hour o. m. While Not white p. m. at work 🔲 at work . 19\_5 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at\_\_\_ M, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town,/state) ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 229 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY. (State) REMOVAL (Specify)

ADDRESS

AS TO FUNE AS TO

23. FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) 1SM 9/59

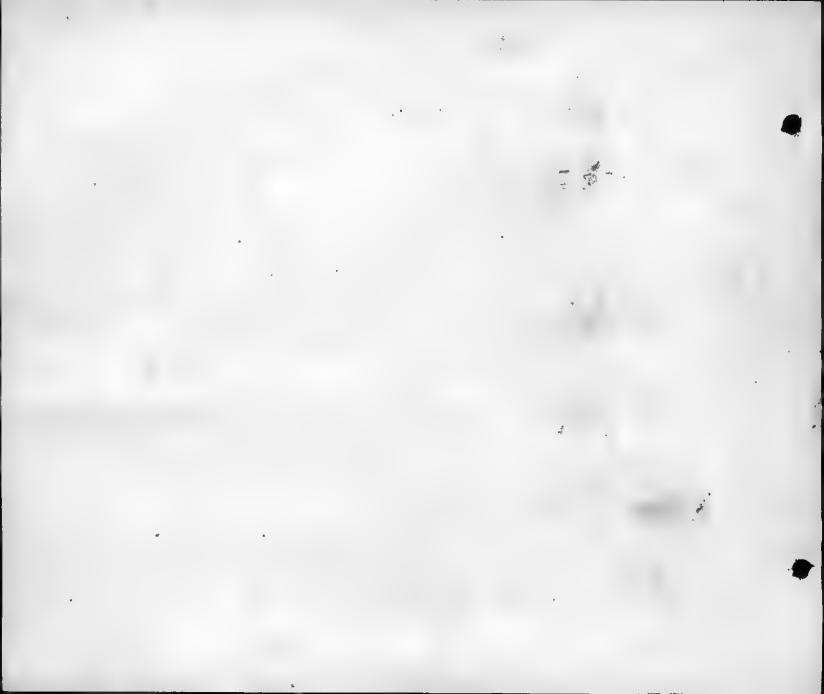
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1503

02798

20

- 0.00	/			
PLACE OF DEATH C. COUNTY Anne Arundel MARYLAND		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Same		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Glen Burnie	All his life	Same X		
d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	3ddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Furnace Pranch Road, box 76		Same '		YES NO 🖳
3. NAME OF DECEASED (Type or print) Bobby. Lee Brown	Middle	Losi 4. DATE OF DEATH	R'A DYTHAYTE	3th 19 60
5 SEX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED 🔁 8.	DATE OF BIRTH	9 AGE (In years IF CNDER	
M C WIDOWE	D DIVORCED	11/4/58	lesi birihdoy) Mooths	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) None		Baltimore, Md.	ountry) 12 Cittl US	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Early Brown		Ethel I. White		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Tex. no. or unknown)   (If yes, grye, war or doles of service)	SOCIAL SECURITY NO. 17. INF	ORMANT	Address	
No		r and Mrs. J.E.Bro	wn (parents).	
18. CAUSE OF DEATH [Enter only one cause per lin	•			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Broncho Pneumoni	la		lldays
480X DUE TO	0. 1			
Canditions, if any, which ) (b) La Grippe				14 days
gove rise to immediate DUE TO				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	PERFORMED?  YES NO X
206. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED.	. (Enter nature of injury in Port I or Pa	rf II of ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. While p. m. 19 al work	Not while facto	CE OF INJURY (Hame, form, 20f. (Citary, street, affice bldg., etc.)	y ar town) (	County) (State
21. 1 certify that (1) (this haspital) attend	led the deceased fram.2/	/11/60 19 ta	2/13/60 19	, that (I) (we) last
saw the deceased alive an 2/10/6	O 19 and that de	eath accurred at 5 PM, from		
220 SIGNATURE Hearte	All	ATTENDING MED DIRECTOR DIRECTOR	STAFF	22b DATE SIGNED
22c. PHYSICIAN'S	The state of the s	22d. ADDRESS	.1113	
NAME (Type)  Gustave H. Faubert	.M.D.	5 First Avenue	S.E.Glen Bur	nie Md
23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		TION (City, town, or county)	(Stole)
Mual 2-17 60	magnetry	· Cem (h	me (hund	let co
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 1	250 RECID BY REGIS	TRAR 256 REGISTRAR'S SI	GNATURE L. Transa
. Thory (U/what	Lunde	La CELLADATE		



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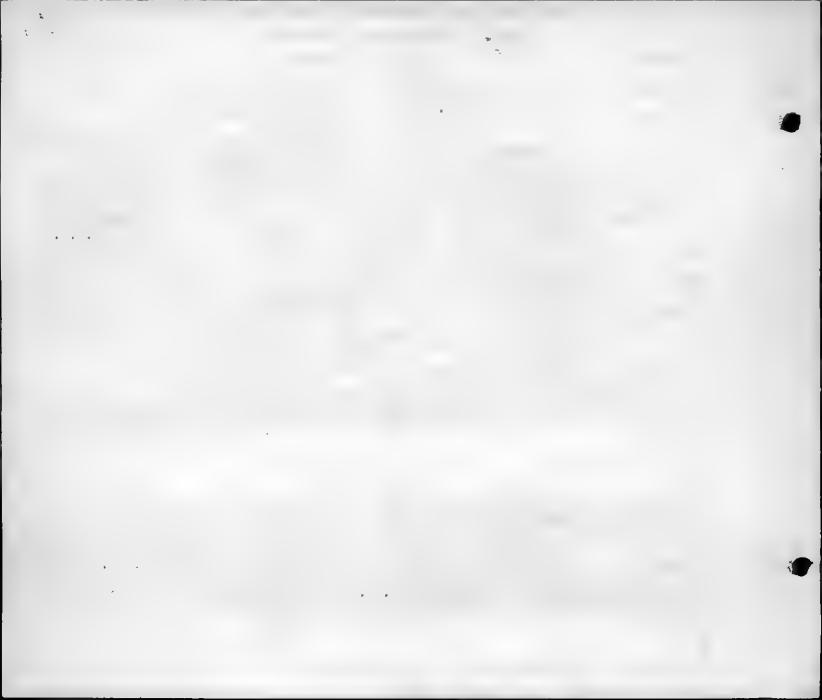
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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 18	

L n z	CERTIFIC ATE	OF DEATH
504	CERTIFICATE	OF DEATE

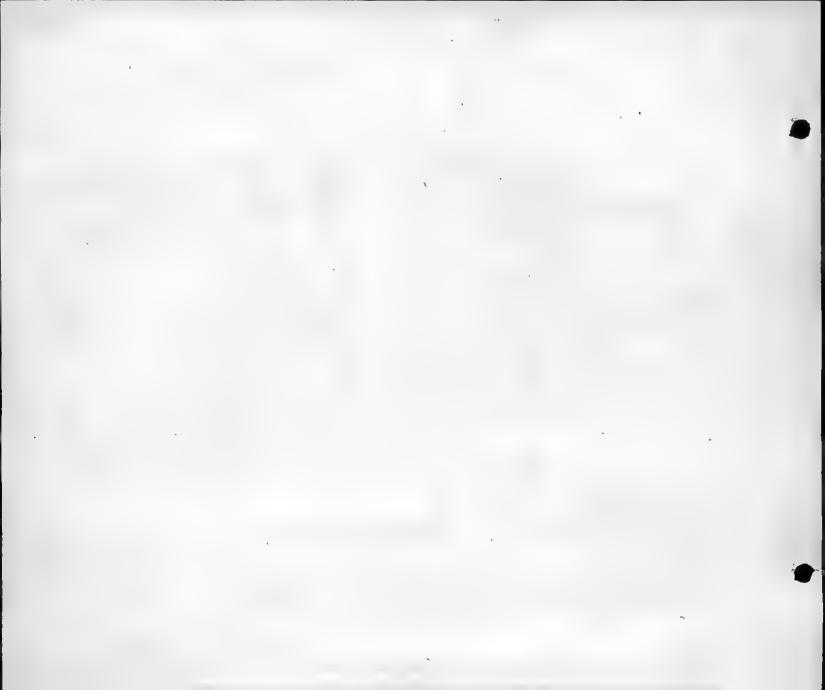
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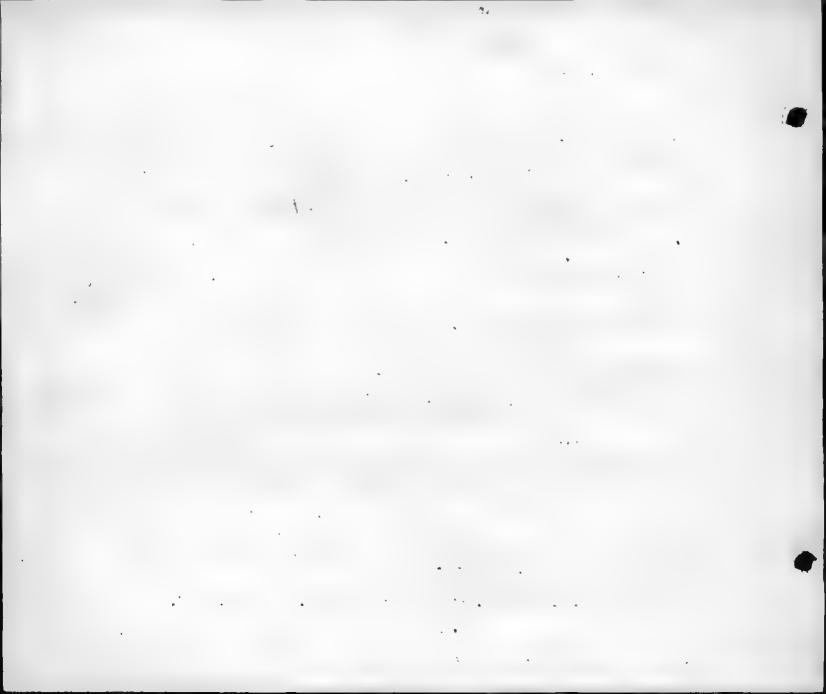
١	10	U& CERTIFICA	TE OF DEATH	Reg. Dist	. No.
	1. PLACE OF DEATH  o. COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Where decease STATE  Naryland	sed lived. If institution: Residence b. COUNTY Baltimore	before admission)
	<ul> <li>CITY OR TOWN (If outside corporate limits, w RURAL and give negrest town)</li> </ul>		c. CITY OR TOWN (If outside cor	parate limits, write RURAL and gr	ve nearest town)
	Crownsville	llmo. 25 days	Baltimore	and the state of t	
	d. NAME OF HOSPITAL (If not in hospital, give a OR INSTITUTION	treet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Crownsville State Hos	pital	3308 Elgin Ave	nue	YES NO 🔼
	3. NAME OF First DECEASED (Type or print) Luci	Middle	Brown 4. DATE OF DEAT	Month 2	2 1960
	37	MARRIED NEVER MARRIED DOWED TO DIVORCED	DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign Maryland	country) 12, CITIZ	U.S.A.
	Richard Boldland		14 MOTHER'S MAIDEN NAME PERIOD		· · ·
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  [If yes, give wor or dotes of service]		ospital Records	Address	
	1B. CAUSE OF DEATH [Enter only one couse part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  3 5	Bronchopnew Cachexia Senile Brain	n Disease	ASE CONDITION GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH
	OR CONTRIBUTING LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Po	art () of ilem 18 )	YES NO 🖺
	20c. TIME OF INJURY Month, Day, Year 2 Pm.	NOd INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm, 20f. (Clary, street, affice bldg_etc.)	ity or town) (Ca	(State)
	21. I certify that I attended the decline on 2/2  ACTUAL HICKERS HERE D	19 60, and that death	A.D. Crownsville St	om the causes and an the (Street, city or town, state) ate Hospital, M	d. 2/3/60
	PHYSICIAN'S Hildegard He  220. BURIAL, CREMATION, 225. DATE THEREOF	ard Reissman, M.		ate Hospital, Md	
	Burial 2-7-60	mt. Calva	ry P.	ATION (City, town, or county)	(Stote)
Į	23. FUNERAL DIRECTOR'S SIGNATURE	918. D. H	240. REC'D BY REGI	246. REGISTRAR'S SIGN	



15M 9/5B

(Stole)





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY Anne Arundel Anne Arundel MARYLAND Maryland b. CITY OR TOWN (II outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) 11 days RUBAL - DETEN Annapolis Deale d NAME Of HOSPITAL (II not in hospital, give street address) Anne Arundel General Hospital d STREET ADDRESS . IS RESIDENCE ON A FARM? YES 🔲 NO 🝱 4, DATE Middle Last Manth 19 60 CAPPE DEATH (Type or print) Ralph February 9. AGE (In years lost birthday) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months White WIDOWED [7] DIVORCED | July 22, 1889 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? TAPER HANGING U.S. Ohio 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MERCER PPE CASTLEBURY, FL. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o **DUE TO** PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)

18. CAUSE OF DEATH [Enter only one cause pegline for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION DIVEN IN PART 1(0) 19. WAS AUTOPSY

WEDICAL

20c. TIME OF INJURY a. m.

Day, Year 20d INJURY OCCUPRED Not while at work of work

20e PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, office blog, etc.)

(County)

a COUNTY

NAME OF

5. SEX

Male

DECEASED

21. I certify that I attended the deceased from Feb. 12. 1960

, 19 60 to

(Stole)

DAJE SIGNED

alive on...

ACTUAL SIGNATURE PHYSICIAN'S

23. FUNERAL DIRECTOR'S

Feb. 22

Wilbur F. Smith

Shadyside.

and that death occurred of 4:00A.M. from the couses and on the date stated above.

ADDRESS (Street, city or lown, state)

22d LOCATION (City, town, or county)

(State)

220 SURIAL CREMATION. 226, DATE THEREOI REMOVAL (Specify)

TIC NAME OF CEMETERY OR CHEMATORY

24g. REC'D BY REGISTRAR

FEB 2 9 '60

24b. REGISTRAR'S SIGNATURE

Feb. 22. 19 60 that I last sow the deceased

arthur & Kraus

0 VS A15 (4) 15M 9/SS

FUNERAL DIRECTOR: / oge 3 should be detoch

i director, filed with

24

completely

puo corbon

remove

please

permit.

buriol-tronsit

certificote

pup 5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the haspital or attending physician physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please removemental papers. Pages 1 and 2 should be filled mith 1 any event within 72 harris after the registrar prior to burial, cremation, or removal, and in any event within 72 harris after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. SIATE ryland b. COUNTY Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUPAL and give nearest town) Life Glen Durnie d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS IS RESIDENCE 10 Jackson Ave 10 Jackson Avenue YES THO T First Middle Lost 4. DATE Doy Month Yeo 世影 GERTRUDE JACKSON CARROLL DEATH 60 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Davs Colored WIDOWED DIVORCED [7] yes 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Anne Arundel County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Westley Jackson Barbara Oliver IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Mack Carroll 18. CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg . etc.) While Not while of work ot work 21. I certify that I attended the deceased from 1922, that I last saw the deceased ADDRESS (Street, city or town, stote) DATE SIGNED 220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2-26-60 Mt Calvary Cem Anna Arundel 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE corner & Though DATE.

o. COUNTY

NAME OF

5 SEX

DECEASED

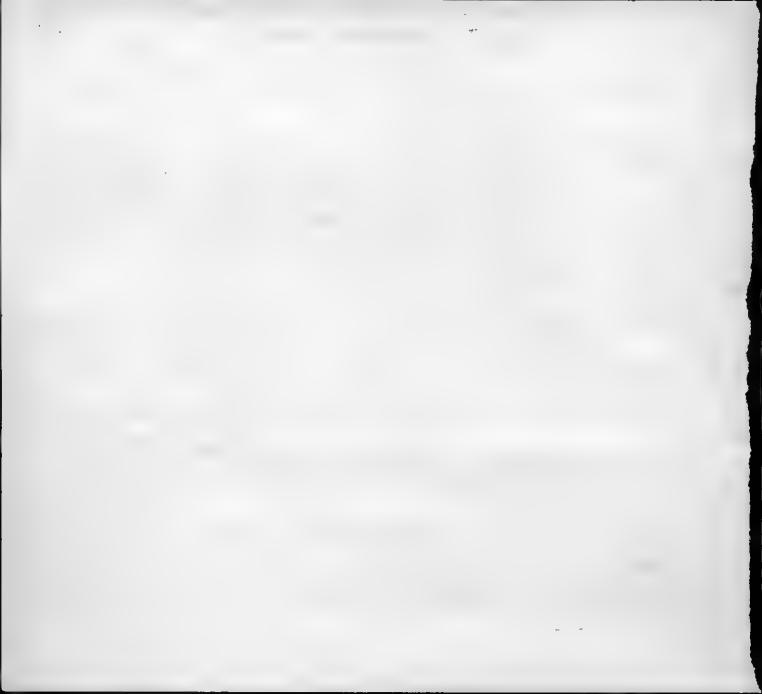
Female

(Yes, no or unknown)

CERTIFICATION

**ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type)

(Type or print)



1	d by the attending physicion and campletely filled in by the funeral director,	mit. Then please remove contain papers. Pages 1 and 2 should be filed with	A Party and A Part
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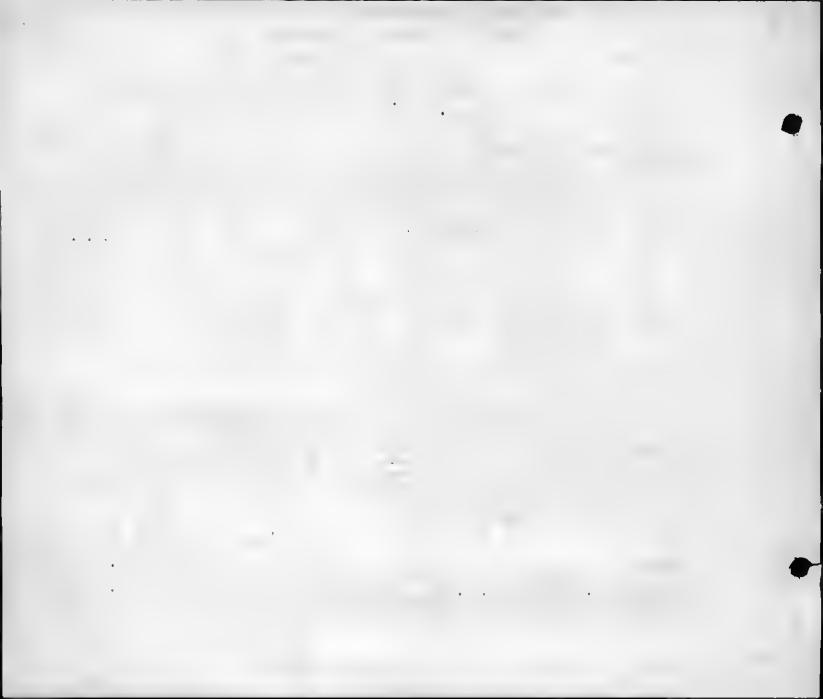
deoth: Page 4

may be retaine by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 should be detached for use as the burial-transit per the registrar prior to burial, crematian, or remaval, and in a

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL VS A1S (4) 15M 9/55

PLACE OF DEATH   ACCUPATION AND   ADDRESS	-													
RURAL ond give secreta town:  Crownsylile  d NAME OF HOSPITAL (If not in boppied, give street address)  CROWNSYLILE  d NAME OF HOSPITAL (If not in boppied, give street address)  CROWNSYLILE  The property of		COUNTY	el		MARYL	AND	a. STATE		ere decesse					sion)
d. NAME OF NOSPITAL (If not in hospital, gree these address) CROWNEYTILE State Hospital    A STREET ADDRESS   CIC OF NOSPITAL (If no in hospital, gree these address)   Unknown   Unknown		RURAL and give no	arest tawn)	ts, write	1 . 39 vrs					orate limits, write	RURAL a	ind give ne	arest taw	n)
Crownsyille State Hospital   Unknown   Vis   No   Decided			-			ys				. 44				
S. NAME OF OCCEANING   First   Aligade   Clark   Clark   ODEATH   DEATH   DEATH   ODEATH													ON A	A FARM?
DECEASED (Type or print) (Type	-				3.1		Unka	101111					YES	] NO []
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100. USUAL OCCUPATION Give kind of work dane) 105. KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (State or foreign country)   12. CHIZEN OF WHAT COUNTS   12. CHIZEN OF WHAT COUNTS   13. FATHER'S NAME   14 MOTHER'S MAIDEN NAME   14 MOTHER'S MAIDEN NAME   15 WAS OFFICESS?   16 SOCIAL SECURITY NO   17 INFORMANT   18 WAS OFFICESS OF BEATH (Enter only one course per line for [o]. [b]. and [c]   16 FATHER'S NAME   18 WAS OFFICESS?   16 SOCIAL SECURITY NO   17 INFORMANT   18 WAS OFFICESS OF BEATH (Enter only one course per line for [o]. [b]. and [c]   17   18 CAUSE OF DEATH (Enter only one course per line for [o]. [b]. and [c]   18 CAUSE OF DEATH (Enter only one course per line for [o]. [b]. and [c]   18 CAUSE OF DEATH (Enter only one course per line for [o]. [b]. and [c]   18 CAUSE OF DEATH (Enter only one course per line for [o]. [b]. and [c]   18 CAUSE OF DEATH (Enter only one course per line for [o]. [b]. and [c]   19 WAS AUTOPS' PERFORMED' PERF	S. :			7. MARI	RIED NEVER MARRIED	E   6				9. AGE (In years lost birthday)	IF UN		+	1
Address   Second Street   Se										62 yrs		Doys	110013	min.
Tanhers Name   Tanher Name   Tanhers Name   Tanhe	10c	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of work a	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPI	ACE (State	ar foreign c	ountry)	12,			COUNTR
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT HOSPITAL RECORDS  16. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c) PART I. DEATH WAS CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c) PART II. DEATH WAS CAUSE OF DEATH [b). ONE TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT MEDICAL EXAMINEE)  20. CONTRIBUTION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT SHOWN II. OTHER SIGNIFICANT SHOWN II. OTHER SIGNIFICANT SHOWN III. OTHER SIGNIFICANT SHO							Ma	rylan	id			U.S	.A.	
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Ten Policy   Part II. DEATH WAS CAUSE OF DEATH   Enter only one course per line for [0]. [b]. ond [c]		Unknown						Unkno	W30_					
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21. I certify that I attended the deceosed from 3/16 , 1920, to 2/8 , 1960, that I last saw the decease alive on 2/8, 1960, and that deoth occurred of 1.45P. M, from the causes and on the date stated above ADDRESS (Street, city or lown, state)  ACTUAL SIGNATURE		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
21. I certify that I attended the deceosed from 3/16 , 1920, to 2/8 , 1960, that I last saw the decease alive on 2/8, 1960, and that deoth occurred of 1.45P. M, from the causes and on the date stated above ADDRESS (Street, city or lown, state)  ACTUAL SIGNATURE	YC.A					loe. PLAC	CE OF INJURY (	Home, farm	20f (City	or town)	_	(County)	_	_ (Stote)
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alive on		21. I certify the	at Lattended the	decens	ed from 3/16	5	1020	lo	2/8	10 6	Othol	Locts	aw the	docoase
ACTUAL SIGNATURE ADDRESS (Street, city or lown, state)  ACTUAL SIGNATURE ADDRESS (Street, city or lown, state)  M.D. Crownsville State Hospital, Md. 2/9/60  PHYSICIAN'S L. Benedict, M. D. Crownsville State Hospital, Md. 2/9/60  220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2-1/-60 Mt. Auburn Cem.  Physician's L. Benedict, M. D. Crownsville State Hospital, Md. 2/9/60  220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PROJECT COUNTY) (State)  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE			2/8			death (			M from	n the causes	,11101	n tha da	14 1116	ad ab
ACTUAL SIGNATURE A JELLECAL M. D. Crownsville State Hospital, Md. 2/9/60  PHYSICIAN'S L. Benedict, M. D. Crownsville State Hospital, Md. 2/9/60  220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2-1/-60 Mt. Auburn Cm. Bulton Cty  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		dive on	10		man and man	acom (	occurred of					n ine qo		
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220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  REMOVAL (Specify) 2-11-60 mt, Auburn Cem., Bulter City mod  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE		SIGNATURE	-15/			M	D							-21-11
REMOVAL (Specify) 2-11-60 Int. Auburn Cem., Balter City Ind.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE		PHYSICIAN'S NAME (Typo)	L. Benedi	ct, N	(. D.		Crow	ns <b>vil</b> l	le Sta	te Hospi	tal,	Md.	2,	(9/60
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	72c		N. 226 DATE THEREC	F	22c. NAME OF CEMET	FERY OR	CREMATORY		22d. LOCA	TION (City, town,	at canu	ty)	(Stat	10) /
D. A. J. D. L. C.		Burial	12-11-	60	mt, aul	run	Cem,		Bal	To City			me	ol
John M. Johnson 1611-13 M. allington live 04 11 60	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		0	240. REC'I					RE	
	1	hun M. for	hnson 10	11-1	3 n. arlin	gtn	live	DATES	1 1 '60	( (	· 1 A	/ CALLA		



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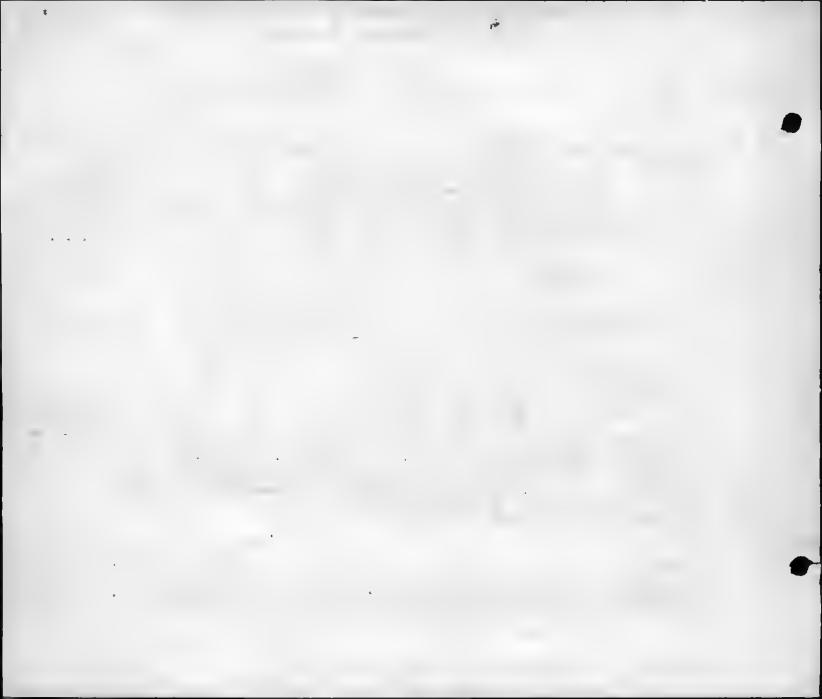
FA

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1507 CERTIFICATE OF DEATH

01474

		A111 VI UMAIII		Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (Who		on. Residence before admission)
Anne Arundel	MARYLAND	Maryland	b. county Ken	t
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (IF ou	tside corporate limits, write Ri	JRAL and give nearest town)
Crownsville	9 days	Chestertov	m 14	31 3
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddrem)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
Crownsville State Hospit	tal	343 Cannor	Street	YES NO 🖪
3. NAME OF First DECEASED	Middle	Losi	4. DATE Mont	
(Type or print) Lucil:		Cotton	DEATH 2	5 1960
5. SEX 6. COLOR OR RACE 7 MAI	RRIED IN NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female Negro WIDOV		October 3, 19	54 25 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b duting mait of working life, even if refired)	KIND OF BUSINESS OR INDU		r foreign country)	12. CITIZEN OF WHAT COUNTRY
Pastry Worker		Maryland		U.S.A.
13. FATHER'S NAME Lewin Blackston		14 MOTHER'S MAIDEN N	AME	
		Anna		
(Yis, no, or unknown) (If yes, give wor or dates of service)	Unknown	Mospital Reco	Addr	eis
No		nospital reco	rus	
18 CAUSE OF DEATH (Enter only one cause per				INTERVAL BETWEEN ONSET AND DEATH
International Charles	Bronchopneumoni	la - Confluent		
491X DUE TO				
Conditions, if ony, which (b)				
cause (o), stoling the under-				
Iying couse lost.   (c)	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMIN	IN DISEASS CONDITION OF	CALLA BART V. 130 MAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS  O 20a. ACCIDENT WAS UNDERLYING  20b. DE  OR CONTRIBUTING  CAUSE OF DEATH  URLETHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BO	I NOT REDATED TO THE TERMIN	INC DISEASE CONDITION GIV	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Fotor poture of injury in P.	ort I or Port II of item IB \	YES 🖺 NO [ ]
OR CONTRIBUTING I CAUSE OF DEATH				
	INJURY OCCURRED 20e PI	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
A Hour o. m. White		ctory, street, office blda. etc.)		(6000))
	1/26	1960 to 2/	5 60	that I last saw the deceased
21. I certify that I attended the decea				••
alive on 4/5	$6Q_{}$ , and that death		M, fram the causes a DDRESS (Street, city or town, :	nd on the date stated above
SIGNATURE LEGISLA LEGIS! KO	2129/11		e State Hospit	0/5/50
SIGNATURE FEEDS OF THE PERSON	144	M.D. OTOMINOTERI		
PHYSICIAN'S Hildegard Heard	Reissman, M.	D. Crownsvill	e State H <sub>o</sub> spit	al, Md. 2/5/60
220 BURIAL, CREMATION, 226. DATE THEREOF PREMOVAL (Specify) 2/9/60	BUTTO Y TAI	OR CREMATORY	22d. LOCATION (City, fown, o	r county) (State)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D		TRAR'S SIGNATURE
Kenneth Walley	Chasterlow	UN MC. DATEFEB	8 '60 Clat	lun S. Ferans
		7		



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1

	1454			•	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARY)	- L COUNTY	Anne Arundel
b CITY OR TOWN (If or RURAL and give near Annapo)	est_lown)	LENGTH OF STAY IN 16		outside corporate limits, write fi - Annapelis	RAL and give nearest town)
OR INSTITUTION _	(If not in hospital, give street add General Hospita		rt-2, Bo	x-585	e is residence on a farm? yes \square no \forall
3. NAME OF DECEASED (Type or print)	Vana	Middle Middle	CROMWELL	4. DATE Mor	/
5 SEX 6	COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
Female	Negro WIDOWED	DIVORCED	February 27,	1919 40 yrs.	Manths Days Hours Min
10a USJAL OCCUPATION during mast af warking	(Give kind of work done 10b, Kit life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
			Mary	rland	U.S.
13. FATHER'S NAME	aliant	1 100 11006	14. MOTHER'S MAIDEN I	NAME 1/00	100
MAG DECEASED EVEN IN	N U S ARMED FORCES? [16, 50	summer	NFORMANT COMMAND	- Huy	1000
15. WAS DECEASED EVER IN {Yes, no, or unknown} (If yes)	N U S ARMED FORCES? 16, SO	CIAL SECURITY NO	Justle &	Liggs Riz	BC+585 ang
18. CAUSE OF DEATH	[Enter only one couse per line i	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	WAS CAUSED BY AMEDIATE CAUSE (b)	ronchial 1	Preumonia	Bilateral	Severe 10a.
492X	DUE TO				
Conditions, if any,		wal Pr	eumonitis		Zdas.
gove rise to imm couse (a), stating the					
lying couse last.	(c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CON	MTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 105	xic Nephr	uses. Bil	a teral		YES 🔀 NO 🗍
PART II. OTHER  PART II. OTHER  OR CONTRIBUTING III  (IF EITHER, NOTIFY ME	CAUSE OF DEATH	BE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of item 18.)	
	**		ACE OF INJURY (Home, form	n, 20f (City or town)	(County) (State
Hour a.m.	19 While of work	INDI WIIIIB	clory, street, office bldg., etc	1	
21. I certify that	I attended the deceased	from Fab.	8. 19 60 to	Feb. 8. 160	that I last saw the deceased
	b. 8. 1960				nd an the date stated above
	1 /	7 20		ADDRESS (Street, city or lown,	
ACTUAL SIGNATURE	Tues-Wall	lleu	MD 62 Cathe	dral St	
Buyesci salie				14	
PHYSICIAN'S FAT	ve W. Allen		Annapoli	s, Md.	
PREMOVAL (Specify)	22b. DATE THEREOF 2 2-12-1960	ANDAME OF CEMETERY OF	R CREMATORY	22d 1.OCATION (CIV) town,	or county) Astotel
S, FUNERAL DIRECTOR'S S	IGNATURE	AD PRESS			ISTRAR'S SIGNATURE
VIIIlles	on Keese#	17 MANNO	DATEFE	B 1 6 '60 Ch	thur S. Krous

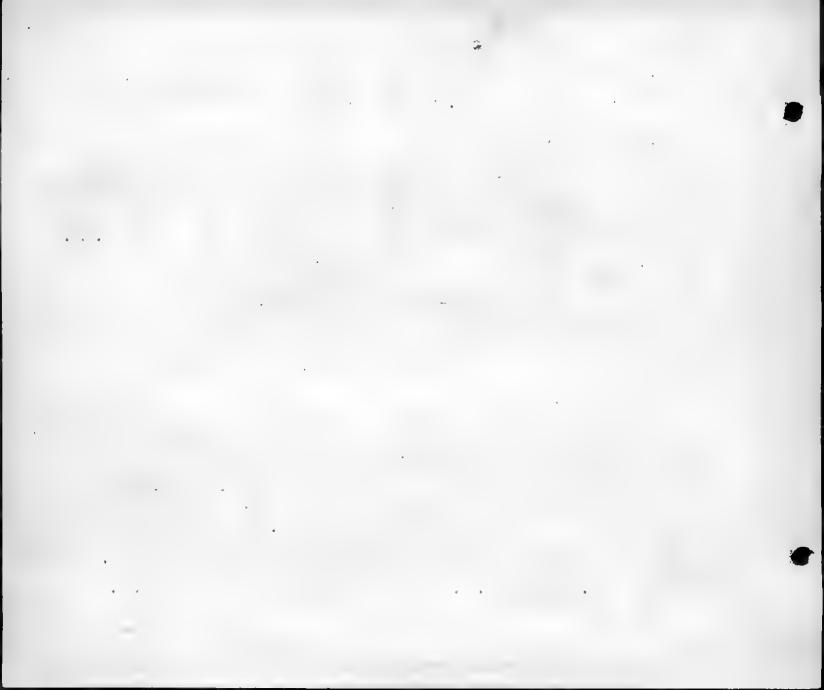
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriot-transit permit. Then please remove carbon papers. Ingges 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 15M 9/5B

X

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4 2 0			

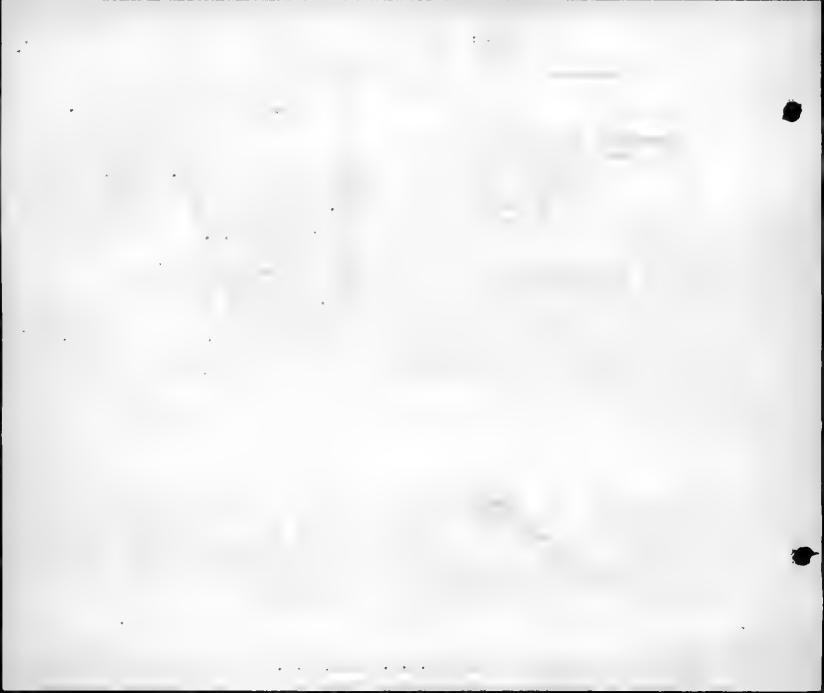
1509 **CERTIFICATE OF DEATH** 

M

01477 Pag Dist No

			vaA	DISI, NO.
1. PLACE OF DEATH  0. COUNTY  A A	MARYLAND 2. USUAL o. STATI	RESIDENCE (Where deceased	b. COUNTY	idence befare admission) 2 A
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16 C. CITY	OR TOWN (If outside carpor	rate limits, write RURAL o	and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STRE	et address b Sud a		e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DRCEASED (Type or print) HENRY	Middle DIERI	JGER 4. DATE OF DEATH	Month 2 —	Day Yeor 12- 1960
S. SEX 6. COLOR OR RACE 7 MARRIED 1	DIVORCED   B. DATE OF	19 1880	9. AGE (In years IF UN last birthdoy) Man	ths Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)  Auto Mechanic	F BUSINESS OR INDUSTRY 11. BIR	Many Land	ountry) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WENRY DIERI	nger 14. MOTH	ER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dotes of service)	SECURITY NO. INFORMANT	17	Address Sa vo	2_
1B. CAUSE OF DEATH [Enter only one cause per line for to PART I. DEATH WAS CAUSED BY ANALY IMMEDIATE CAUSE OF ANALY	- 1 1	votale o	netas	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which ) (b)				
gave rise to immediate cause (a), stating the <u>under-tying cause last</u> (c)				
PART II. OTHER'S GNIFFANT CONDITIONS CONTRIBE  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Still LOS CH	11 11 00	CONDITION GIVEN IN	PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO
	DW INJURY OCCURRED (Enter nate	ire of injury in Part I or Port	t (Laf item 1B.)	
	occurred 20e PLACE OF INJU factory, street, in	RY (Home, form, 20f (City affice bldg., etc.)	ar town)	(County) (State)
21. I certify that I attended the deceased from	m, 19.	10-		I last saw the deceased the date stated above.
ACTUAL Hours Weile	el M.D. (22		reet, city or tawn, state)	to 30 Text
PHYSICIAN'S NAME (Type) Dr. Harry Deibel		man to the temporary to the temporary of		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY OR CREMATOR	len Bu	MON (City, town, or cour	(State)
3 (5 T (01)	DORESS fort me	240, REC'D BY REGIST DATEEB 1 6 '60	RAR 24b. REGISTRAR'	





director, alled with

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1510 CERTIFICATE OF DEATH

1510

04094

- /	a. COUNTY				2	USUAL RESID	ENCE (Whe	ere deceased lived		Residence	before	odmission)
	a. COUNT	Anne Aruno	del	MARYL	AND	P. SIAIE	aryla	nd '	. COUNTY	Bal	timo	re
	RURAL and give		its, write c	LENGTH OF STAY IN	rs			itside carparate lin	nits, write RUR	AL and giv	re neare:	st town)
	Crowns	Crownsville  3 mo. 22 days			ays 📗	d. STREET A	Baltim	ore				IS RESIDENCE
à	OR INSTITUTIO	d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION										ON A FARM?
į.	Crowns	ville State	Hospit	al	Į.	ι	nknow	nn.				YES NO D
	3 NAME OF DECEASED (Type or print)	Alberi	rst t	Middle		Dudle		4. DATE OF DEATH	Month 2		Day 1	Year 19 60
	5 SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	K B D	ATE OF BIRTH	ı	9 AG			YEAR IF	UNDER 24 HRS
	Male	Negro	WIDOWED	DIVORCED			1889	70	birthday) /	Months D	Days I	lours Min.
	10a. USUAL OCCUPA during most of w	TION (Give kind of work tarking life, even if retired Unknown	dane 10b. Kil i)	ND OF BUSINESS OR	INDUSTRY		ACE (State o			U.S		/HAT COUNTRY?
	13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME				
		Unknown				$U_{n}$	mown					
	15 WAS DECEASED F	VER IN U. S. ARMED FOI	PCESS 14 SO	CIAL SECURITY NO.	17. INFO	RMANT			Addres		-	
	(Yes, no, or unknown)	(If yes, give war or dates of	service)	Inknown			ital F	lecords				
	18. CAUSE OF D	EATH [Enter only one co	ouse per line l	far (a), (b), and (c).]								AL SETWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	. Sept	ticemia an	d Par	otitis					CHSEI	AND DEATH
	200	DUE TO				AATTE.						
	Conditions, if	A STANK	Cool	hexia								
	gave rise to	immediate (		HEXTA								
	Cause (a), statis		,									
	lying cause las		()	ATTORNEY TO BE A	PALL BALLY NIC	T 051 1 750 70	THE TERM	IAL DICELES COL	DITION COVE	A IA I BADT	14-1 30	VAGOTI A SAMA
)	. C	OTHER SIGNIFICANT CON	NDITIONS COR	NIKIBUTING TO DEAT	IH BUT NO	I KELATED TO	THE LEKANI	NAL DISEASE CON	DITION GIVE	4 If4 FAKI		PERFORMED?
	20a. ACCIDENT	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
		IURY Month, Day, Ye	par 20d INII	URY OCCURRED 2	Oe. PLACE	OF INJURY (F	Hame, farm.	20f (City or tay	vni	(Co	onty)	(State)
	20c. TIME OF INJ	,	While _	Nat while	factor	, street, office	bldg, etc		,	,	,,	(,
	ž p. n	n. Iy	at work	at wark				1				
	21. I certify t	hot (I) (this hospita	l) attended				12.	15 10	2/1/			(I) (we) last
1	saw the dece	eosed plive on	2/1	19_60, and t	hat dea	th occurred	1 01 3:	W. From the o	ouses and	on the	dote s	toted above
	220 SIGNATURE	Ald Wald		m	M D	ATTENDING		D. STA	FF rs. $\square$			22b. DATE SIGNED
	224 PHYSICIAN		Notice 1			22d. ADDRE				-		
	NAME (Type	Hildegard	Heard F	Reissman,	M.D.	Cro	wnsvi	lle State	Hospi	tal,	Md.	2/2/6
	REMOVAL (Speci	110N, 236 DATE THERE	OF :	Mt. Aubu		REMATORY		236. LOCATION (	City, town, or			(State)
11	34. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS			2So. REC'E	BY REGISTRAR	2Sb. REGIST	RAR'S SIGI	NATURE	
/0	Thomas E	. Kelson, B	altimo	re, Md.				R 1 3 '60	an	hur L.	Henry	4

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MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	01479
LOLL CERTIFIC	CATE OF DEATH Reg. Dist.	
ACE OF DEATH COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATMaryland b. COUNTY Anne	
CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)  GLEN Burnie:  C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give	e nearest town)
NAME OF HOSPITAL (If not in haspitol, give street address) Plaza hanor Nursing Home	Rt. 2, Box 117-C	e, IS RESIDENCE ON A FARM? Y YES NO
AME OF Fint Middle ECEASED Annie E Edwards	Last 4. DATE Manth OF DEATH 2 - 12	Day Year 19 60
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 NEVER MARRIE		YEAR IF UNDER 24 HRS. Dys Hours Min
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if refired)  Farm  Farm	USTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZES  Town Neck, Maryland	U S.
ATHER'S NAME Henry Edwards	14. MOTHER'S MAIDEN NAME Annie Brooks	
VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If yes, give wor or dates of service)	INFORMANT Address  D.P. W. A.A.Co. Mr. Anderson	
B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic  HAD DUE TO	cardiovascular disease	INTERVAL BETWEEN
Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (b)		
Pan II. other significant conditions contributing to Death BU Generalized hypertrophic osteoarthr	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II TITIE .	(o) 19 WAS AUTOPSY PERFORMED? YES NO 13
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTING  CONTRIBUTION OF	RED. (Enter noture of injury in Part I or Port II of item 18.)	
Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, form, factory, street, affice bldg , etc.) (CaJ	inty) (State)

21. I certify that attended the deceased fram 2-1] alive an

CERTIFICATION

MEDICAL

Mt. Zion Methodist

ADDRESS (Street, city or town, state) 400 N. Carrollton Ave

, 1959 , to 2-12

**DATE SIGNED** Feb.12,1960

1960, that I last saw the deceased

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type

M. Pair- M. ames.

22b DATE THEREOF

2-15-1960

400 N. Carrollton Ave. Balto, 23, I'd. 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

and that death accurred at 1130 M, from the causes and on the date stated above.

(State)

220. BUR AL, CREMATION, REMOVAL (Specify) BULLAL 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Magothy, Maryland 24a. REC'D BY REGISTRAS

246. REGISTRAR'S SIGNATURE

William A. Jackson Funeral Home Inc. 916 Pa. Avenue Balto, # 1, Md.

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this cert fraate has been signed page 3 should be detached for use as the burial-transit permit the registrar prior to burial committee. VS A15 (4) 15M 9/58

director, filed with

in by the funeral and 2 shavid be fi

Filled

campletely

puo carban affer

physician

he þ permit.

remaye haurs

ℸ

within 72 attending edse

Pages

papers.

death.

be filed

r death. Page

executed within 24 haurs

requires that the death certificate be

PLACE OF DEATH a COUNTY

NAME OF

S. SEX

DECEASED (Type or print)

Female

13. FATHER'S NAME

(Yes, no, or unknown)

b CITY OR TOWN (If autside ca RURAL and give nearest town) d. NAME OF HOSPITAL (If not in Plaza Manor Nu

10a. USUAL OCCUPATION (Give kii

15. WAS DECEASED EVER IN U.S.



eath. Page 4

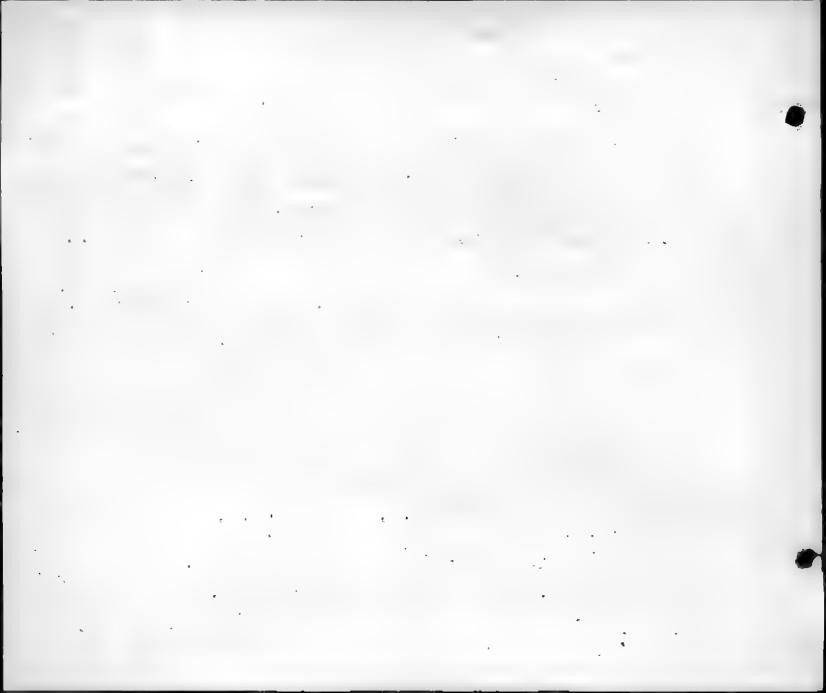
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1466 **CERTIFICATE OF DEATH** 

			4	Oil
<b>)</b> .	Dist.	No.		

Res

	1 PLACE OF DEATH 0. COUNTY	Anne Arun	del	MARYLAND		SIDENCE (WH		Lived, If instituti b. COUNTY	A	Arund	with.
	b. CITY OR TOWN (II RURAL and give ne Annapo	f autside carporate limi grest tawn) 115	ts, write c LENG	TH OF STAY IN 16		R TOWN (IF a		rote limits, write f	PURAL and gi	ve negrest ta	wn}
7	OR INSTITUTION	AL (If not in hospital, g			,d. STREET	ADDRESS 1254 T	yler	Ave.,		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED	Fir	st -	Middle		ast	4. DATE	Mar	ıth	Day	Year
	(Type or print)	Willi		т.	ELL	IOTT	DEATH	Febr	uary	9	1960
	5. SEX	6. COLOR OR RACE White	7- MARRIED T N	EVER MARRIED [	8. DATE OF BIR	- 1		9. AGE (In years last birthday)	Months E	YEAR IF UNI	
	10a. USUAL OCCUPATIO					ry 16,		81 yrs	12 01717	EN OF WHAT	COLINITRY
	during most of work Retired	ing life, even if retired	) TT		1	arylar	_	outry)	12 CIII2	U.S.	COUNIKT
	13. FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME				
1	Will	iam Elli	ott		Mar	garet	See:	ney			
7	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		ECURITY NO	INFORMANT				Tyle	Ave	•
	NO (Yes, no, or unknown)	ir yas, give war or adias or s	None	L	aura E.	Shoo	kley	Annar	olis.	Md.	
	PART 1. DEA  L 20.0  Conditions, if ar gave rise to it cause (a), stating lying cause last.	nmediate ( DUS TO	ARTER	Biosch	POTIC ,	HEA	NAL DISEASE	DISEM!	VEN IN PART	ONSET AN	D DEATH
•	200 ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	206. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter nature	of injury in I	Part I ar Part	II of item 18.)			NO P
	-	MEDICAL EXAMINER) Y Manth, Day, Yeo 19		while	PLACE OF INJURY factory, street, off	(Hame, farm ice bldg., etc.	20f. (City	or tawn)	(Co	iunty)	(State)
3	actual SIGNATURE	at I attended the bb. 9, 1960 Clubbal Cdward S. B	Be	Feb. 8, and that dea	M.D.	3:15P	M, from ADDRESS (St thgate	Ave.,	d on the	date state	deceased ed abave ATE SIGNED
	220 BURIAL, CREMATIO. PREMOVAL (Specyly)	22b. DATE THERECO	60 22c. N6	METOF CEMETERY	OR CREMATORY	0	22d. AGCAT	no City town,	<u> </u>	ma	ate)
	23 FUNERAL DIRECTOR	SIGNATURE	ATRON	ress	ms.	24a. REC'	EB 1 1		STRÁR'S SIGI Thúbung L		



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led wil	9.8	1
<u> </u>	- 77	
S. O		Ι
200	-	

deoth: Page 4

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may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and completely filled in the ful page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registror prior to burial, cremation, or remayal, and in any event within 72 hours after death.

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL OF VS A1S (4) 15M 9/S5

1. PLACE OF DEATH b. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI	. h.cc	MINITY A	fore admission)					
b. CITY OR TOWN (I RURAL and give to Annapa	If outside corporate limits, wri egrest town) 18	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis								
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give str		d. STREET ADDRESS	14 04		e. IS RESIDENCE ON A FARM?					
Anne Arunde			105 Condu			YES NO D					
3. NAME OF DECEASED (Type or print)	Lillian	Middle E-	FLOOD	4. DATE OF DEATH Fe	_	24 1960					
S. SEX	6 COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		AR IF UNDER 24 HRS					
Female	White woo	OWED TO DIVORCED		1892 last bigs	yrs						
100 USUAL OCCUPATION	ON (Give kind of work done) I king life, even if retired)	06. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN	OF WHAT COUNTRY					
HOUSE	WIFE	HOME	Marylar	nd	U.	S.					
13. FATHER'S NAME	/. A/	c = a d	14 MOTHER'S MAIDEN I	VAME							
7, FR	ANR MI	ERS	MARY	E. JCI	BLE						
15. WAS DECEASED EVE	R IN U. S ARMED FORČES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	1	Address	\					
[141, 110, or outlown]	(ii her' Bud an ou nome or resure)	- 17	DURF /V	IYERS	12	,					
18. CAUSE OF DEA	ATH [Enter only one couse pr	er line for (a), (b), and (c) ]			18	TERVAL BETWEEN					
	TH WAS CAUSED BY:	7 = D= PA 11	THROMBE	~ < 15	01	NSET AND DEATH					
302	IMMEDIATE CAUSE (o)(_	FACOLAL	111100000	070	e	Z PINS					
Conditions, if o	nu mhish t										
gove rise to i	mmediate (										
Lying couse lost.	the <u>under-</u> DUE TO	·									
	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM		ON GIVEN IN PART 1(0)	PERFORMED?  YES NO 1					
20a. ACCIDENT W	AS UNDERLYING TT 20b.	DESCRIBE HOW INJURY OCCUR			18.}	TO NOTE					
	CAUSE OF DEATH MEDICAL EXAMINER)										
			PLACE OF INJURY (Home, form foctory, street, office bldg., etc		{Caunt	y) (Stole)					
Hour o.m.	19 at	hile Not while work of work	racion), sincer, arrico brug., ere	"/							
21. I certify th	nat I attended the dec	eased from Feb. 20									
alive on Fe	b. 24. 1	260and that dea	th accyrred at 12:50	M, fram the cau	uses and on the d	late stated above					
1	70	0 1/10		ADDRESS (Street, city or		DATE SIGNE					
ACTUAL	RIVEY	A Della	%. 41 South	ngate Ave.,							
PHYSICIAN'S EC	lward S. Beck		Annapol	is, Marylan	1						
229 BURIAL CREMATIC	7 Ch 27-1	22c. NAME OF CEMETERY ALC HELCEL	or crematory	22d. LOCATION (City.	nown, or country,	Shore)					
23 FUNERAL DIRECTOR	's SIGNATURE / SuSus	10 Chmap	olis Del 240. REC	FBA SEGIZIEVE SAP	. MGISTBAR'S SIGNAT	URE					



Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.

TES 🛣 NO 🗍 20b. DESCRIBE HOW WURY OCCURRED (Enternature of injury in Part I or Port II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c TIME OF INJURY Year

p. m.

20d. INJURY OCCURRED While Not while at work at wark

factory, street, affice bldg., etc.)

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn)

(County) (State)

DATE SIGNED

21. I certify that I attended the deceased fram. Dec. 12, 1959, to Feb. 19, 1960, that I last saw the deceased

, and that death accurred at LOP\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL 62 Cathedral St., SIGNATURE

PHYSICIAN'S Faye W. Allen NAME (Type)

Annapolis, Md.

BURIAL, CREMATION, 22b. DATE THEREOF LOCATION (City, town, 22c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR 製銀 DATE Orthur & Haus

been si **burial-1** certificote OR: FUNERAL DIRECTO abod 0

director

funeral

shauld

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filled

Puo pan

200 physician certificate

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that

papers. ā

1. PLACE OF DEATH

a. COUNTY

NAME OF

DECEASED

Female

5. SEX

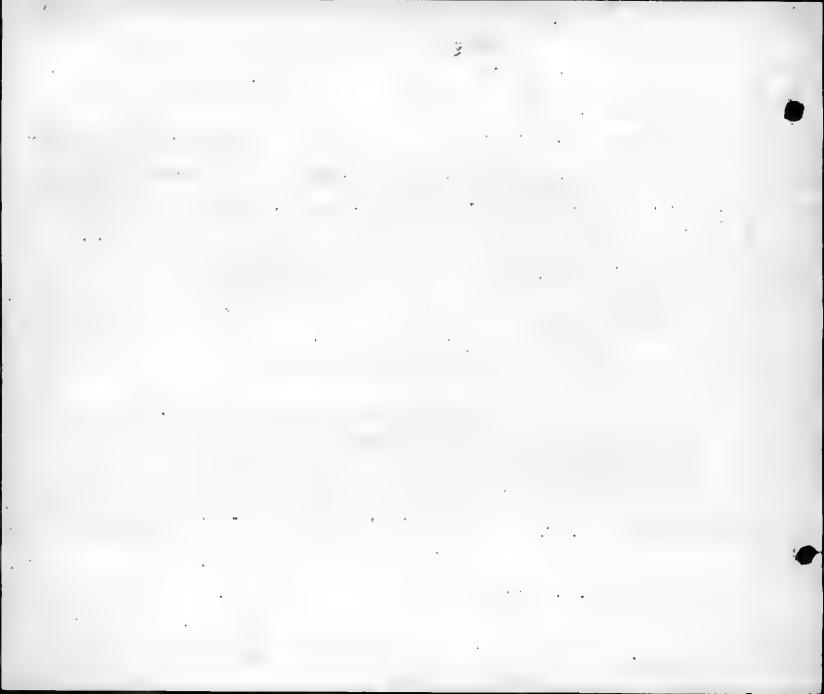
13.

CERTIFICATION

(Type or print)

FATHER'S NAME

VS A15 (4) 15M 9/III



01483

1469 CERTIFICATE OF DEATH

On 4

1		TUJ			Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla)	ere deceased lived. If institution b. COUNTY	Anne Arundel
RURAL and give ne	lis	c. LENGTH OF STAY IN 16	// Annapo	utside corporate limits, write RU	
	At (If not in hospital, give street  1 General Hospi		d. STREET ADDRESS 909 Cet	ntal St.	e. IS RESIDENCE ON A FARM? YES \( \text{NO} \)
3 NAME OF DECEASED (Type of print)	Phillip	Middle	GARRETT, Sr.	4. DATE Mont	
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
Male	Negro widowi	-	June 8, 1877	82 yrs.	
during most of work	ON (Give kind of work done 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU	Maryla:		U.S.
13. FATHER'S NAME,	miles D.	Warsett	14, MOTHER'S MAIDEN N	AME	46
15. WAS DECEASED EVE	R IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT	Address 909 F	Entace Staring
	TH [Enter only one courser in TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).]	of the fla	& Bu	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to it couse (o), stoling lying couse lost.	mmediate ( Dus TO		V	3	
200 ACC DENT WAS OR CONTRIBUTING	But Huger	CONTRIBUTING TO DEATH BUT	WIFE aulan c	tisean)	EN IN PART I(0) 19 WAS AUTOPS PERFORMED? YES NO
ZOc. TIME OF INJUR Hour o m, p. m.	Y Month, Doy, Year 20d. II While of wor	Not while fo	ACE OF INJURY (Home, form, etcory, street, office bldg., etc.)		(County) (Stat
	at I attended the deceas				that I last saw the deceased on the date stated above
ACTUAL SIGNATURE	Elikard,	2		ADDRESS (Street, city or town, s	
	R. L. Richardso	n	Annapo	lis, Md.	· /
BREMOVAL (Specify)	2-14-1960	22c NAME OF CEMETERY C	O Cemeters.	22d, LOCATION (City, Iown, o	d 11/d.
23, FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS )		BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE

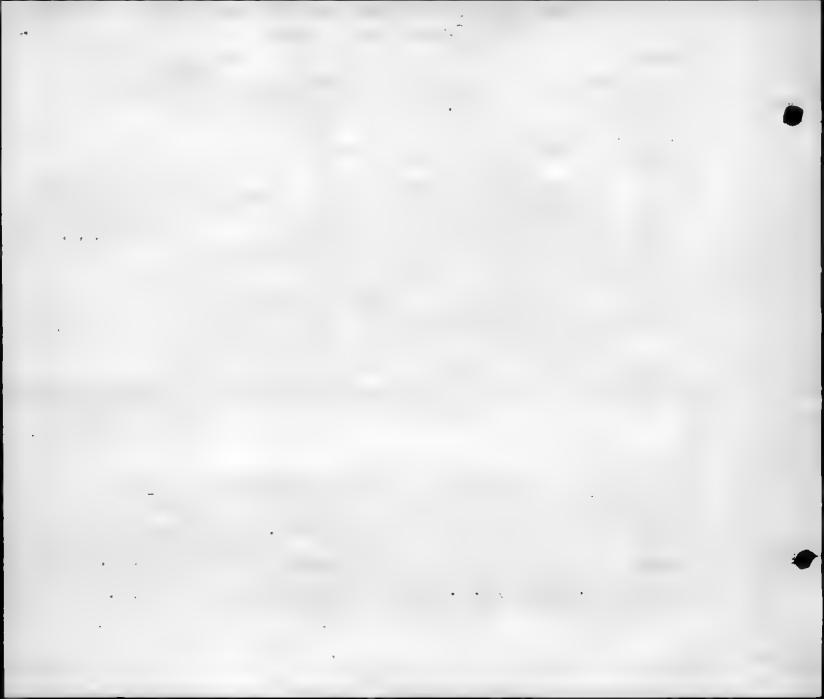
the attending physician and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be relained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pap the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours often death. TO HOSPITAL OR

VS A1S (4) 1SM 9/SB



					STATE DEPAR						0.4	1484
1.7	L			1512	CERTIFI	CATE O	DEATI	H	_	Reg. Dist. I	No.	
		Anne Arun	Foutside corporate limi	ta write	MARYLAI	4D O. STAT	ryland		b. COUNTY Guees  prote limits, write R	n Anne		1
2		Crownsvil	.16		8mo. 25 day		nestert		orgie ilmiis, write k	UKAL ONG BIVE	7 3	wnj
0/0	Г		AL (If not in hospital, g				et ADDRESS oute 1				e. IS RI ON YES	ESIDENCE A FARM?
. 0/0		NAME OF DECEASED Type or print)	Fir		Middle	Gor	lost don	4. DATE OF DEATH	Mon 2	ath	Day 17	19 <sup>60</sup>
3 33 3 -	5. 3				IED NEVER MARRIED	8 DATE OF			9. AGE (In years lost birthdoy) 87 yrs	Months Do		DER 24 HR
death.	10a	USUAL OCCUPATIO during most of work	N (Give kind of work and life, even if retired	J   -	kind of Business or I		THPLACE (Stote	or foreign		12. CITIZE	U.S.A	
offer death	13.	FATHER'S NAME Unknown		1			ier's Maiden i harlett		nson		-	
72 hours	15  Ye	WAS DECEASED EVEN	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice}	SOCIAL SECURITY NO INC.	Mospit	al Reco	rds	Add	ress		
ent within			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	1	e for (a). (b). and (c).]  Myocardial J	egenera	ion			10	NTERVAL I	BETWEEN ID DEATH
ű.		0-11-			Harmontotio I	moumont t						
and in any ev	_	Conditions, if or gove rise to in couse (o), stoting to lying couse lost	my, which (b) (b) DUE TO	Chr	Hypostatic Fonic Brain S	Syndrome	Associa					
mavol, and in any ev	FICATION	Conditions, if or gove rise to in couse (o), stoting t lying couse lost PART II. OTH	ny, which promediate Due to the under (c	Chr	ONIC Brain S	Syndrome BUT NOT RELATE	Associa	INAL DISEA	SE CONDITION GIV		19 WAS	S AUTOPS
and in	I CERTIFICATION	Conditions, if or gove rise to in couse (o), stoting to lying couse lost  PART II. OTH  20e. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	sy, which mediate the under. Due to (c)  ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER]	Chr	onic Brain S	Syndrome BUT NOT RELATE	Associa	INAL DISEA	SE CONDITION GIV		19 WAS	S AUTOPS
and in	MEDICA CERTIFICATION	Conditions, if or gove rise to in couse (o), stoting t lying couse lost PART II. OTH	sy, which mediate the under. Due to (c)  ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER]	Chr DITIONS C  20b. DESC  or 20d IN While	ONIC Brain S ONTRIBUTING TO DEATH RIBE HOW INJURY OCCURRED NOT white	BUT NOT RELATE  URRED. (Enter note  PLACE OF INJU	ASSOCIA D TO THE TERM	Part I or Po	of It of item 18.)	VEN IN PART I(c	19 WA: PERF YES [	S AUTOPS FORMED? NO P
and in		Conditions, if or gove rise to in couse (o), storing (lying couse lost  PART II. OTH  20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR' Hour a.m., p. ff.	in which the under the under to	20b. DESC	ONTRIBUTING TO DEATH  TRIBE HOW INJURY OCCURRED  Not while of work 1 20  and of work 2 20  and of work	BUT NOT RELATE  BUT NOT RELATE  URRED. (Enter note  PLACE OF INJU- foctory, street,	ASSOCIATION ASSOCI	Port I or Po	of It of item 18.)	(Cour	TES [	S AUTOPS FORMED? NO P
ta burial, cremotian,   remayol, and in		Conditions, if or gove rise to in couse (o), stoting to lying couse lost  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour a. m. p. m.  21. I certify the	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Y Month, Day, Yee	20b. DESC	ONTRIBUTING TO DEATH  TRIBE HOW INJURY OCCURRED  Not while of work 1 20  and of work 2 20  and of work	BUT NOT RELATE  URRED. (Enter note  PLACE OF INJut foctory, street,  195 eath accurred	Association of the term of the	Port I or Po	or It of item 18.)	(Country that I last	yes [	S AUTOPS FORMED? NO 2 (Stoll e deced ted abo DATE SIG
prior to buriol, cremotion, = removol, and in		Conditions, if or gove rise to ir couse (o), stoting I lying couse lost  PART II. OTH  20e. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour a.m., p. m.  21. I certify the alive an	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER]  Y Month, Day, Yes  2/17	20b. DESC 20b. D	ONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURRED  JURY OCCURRED  Of white  of work  defrom  5/22  of and that def	BUT NOT RELATE  DIRRED. (Enter note  price of injury, street,  to place of injury, street,  ath accurred  M.D. CT	Association of the term of the original of the term of the term of the bidg., etc. 9. ta	Port I or Port I	or It of item 18.)  y or Iown  19.60  m the causes contreet, city or Iown,  ate Hospi	(Country that I last and an the stote) tel, Må	is aw the date sta	S AUTOPS FORMED? NO 2 (Stoll e deced ted abc DATE SIGN
ta burial, cremotian,   remayol, and in	MEDICA	Conditions, if or gove rise to in couse (o), stoting ( lying couse lost	S UNDERLYING SUNDERLYING AUSE OF DEATH MEDICAL EXAMINER  Y Month, Day, Year  The Bened	Chr DITIONS C  20b. DESC  20b. DESC  While of work  decease  19  Au  ict,	ONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURRED  JURY OCCURRED  Of white  of work  defrom  5/22  of and that def	BUT NOT RELATE  BUT NOT RELATE  BUT NOT RELATE  BUT NOT RELATE  PLACE OF INJU  foctory, street,  19  ath accurred  M.D. CT  CY  RY OR CREMATO:	Association of the term of injury in office bidg., etc. 9, ta_ at 5:15P	Port I or Port I	or II of item 18.)  y or Iewn)  m the causes of theet, city or Iown, ate Hospi	(Country)	19 WAL PERF YES [ 19 WAL PERF YES [ 10	S AUTOPS ORMED? NO P (Stollar decea

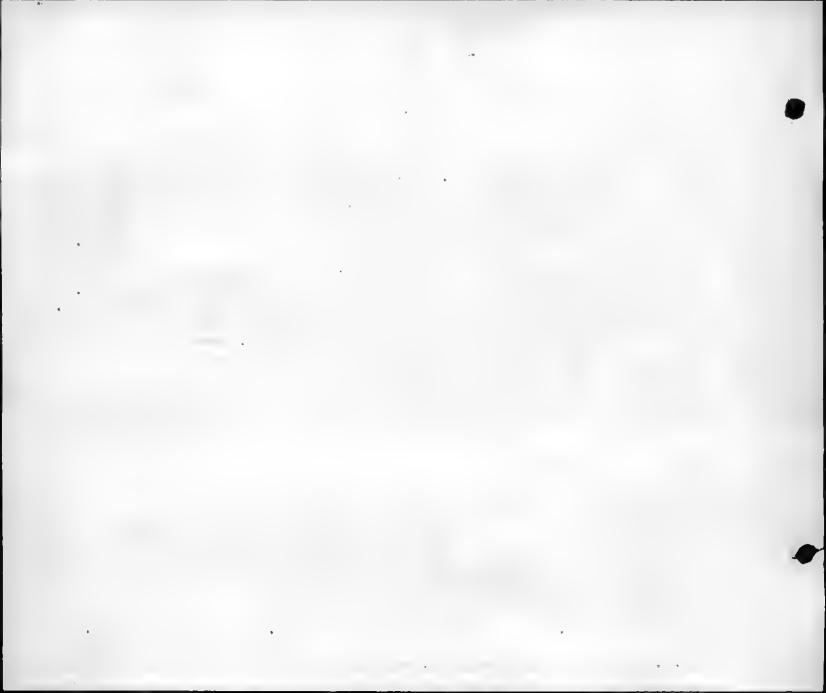


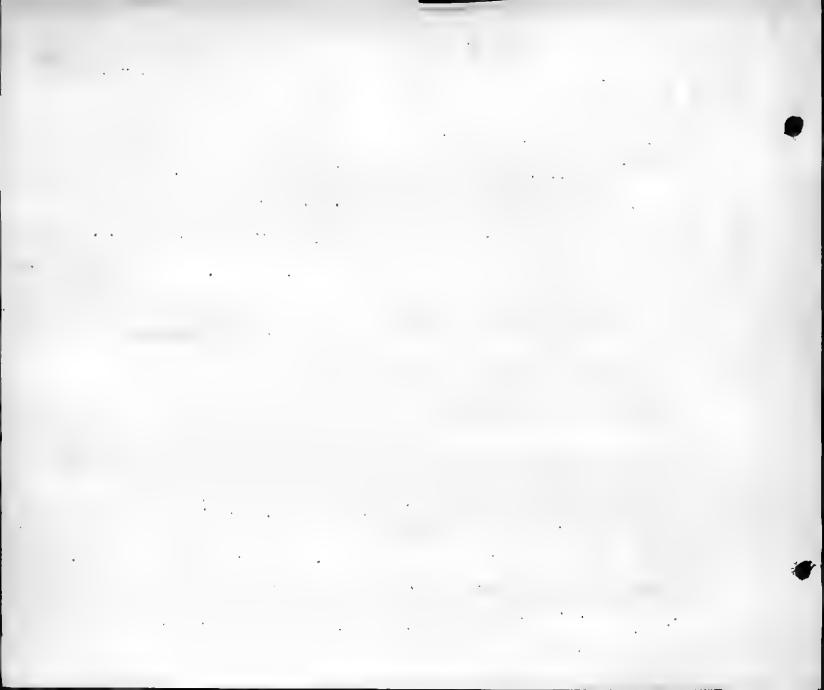
VS A1S (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1513 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

٠.		K	Keg, Dist. No.							
	1. PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: b. COUNTY ANTHE	Residence before admission) Arundel					
	b CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	Pasadena	7 yrs.	x Pasadena	L						
	d NAME OF HOSPITAL (If not in haspitat, give street OR INSTITUTION	t oddress)	d. STREET ADDRESS		e is residence On a farm?					
	299 Bar Harbor Road		299 Bar Ha	rbor Road	YES NO Z					
	3. NAME OF DECEASED (Type or print) LEONARD	H. GOSN	Last	4. DATE Manh OF DEATH FObruary	3 1960					
	S SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS					
	Male White WIDOW	VED N DIVORCED	April, 2, 18	66 93 yrs	Manths Days Haurs Min					
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (State of	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?					
\		<b>lardware</b>	Ohio		U.S.A.					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
	Francis L. Gosnell	Francis L. Gosnell Mary Lugenbeel								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes no, or unknown) [If yes give wor or dates of service]	. SOCIAL SECURITY NO. II	NFORMANT	4619 ABE	eds Ave.					
		Ма	rshall Gosn	ellBaltimo	re 29, Md.					
	1B CAUSE OF DEATH [Enter only one cause per	ine for (a), (b), and (c) ] /2		, . //	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Tesuscher	tu Carde	oraseular al	weed juicar					
	4221 DUE TO									
	Canditions, if any, which (b)									
	gave rise to immediate Course (a), stating the under DUE TO									
	lying couse last. (c)									
ì	PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
	3 non	e			YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I ar Part II af item 1B.)						
		fan.	ACE OF INJURY (Home, form,	20f. (City ar tawn)	(County) (State)					
	Haur a.m.  P. m.  19 at wa	Nat while	ctary, street, affice bldg., etc.							
	21. I certify that pattended the decea	sed from October	13 , 1990 to Fe	6 3 196Ch	at I last sow the deceased					
	olive on Feb . 2 , 191		occurred at 10:00 f.		on the date stated above.					
	Bh bo			DORESS (Street, city or town, sta						
	SIGNATURE, S. M. METALL	Alle.	M.D. KFO8 BUY	142 (Pasadeug	Pad Feb. 4. 1400					
1	PHYSICIAN'S RAIN MILES	uchlin								
	220. BUR AL, CREMATION, 22b DATE THEREOF	7/////		on I have right to						
	220. BUR AL, CREMATION, 226 DATE THEREOF BUR1al Feb. 6. 196	22c, NAME OF CEMETERY OF MOTGAN Cha	r crematory pel Cemety	22d LOCATION (City, town, or a Carroll Co.	(State) Md .					
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'U	BY REGISTRAR 246 REGISTR	AR'S AGRATURA					
	C.M. Waltz Wi	infield. Mary	Tand DATE FE	3 8 '60	N.					



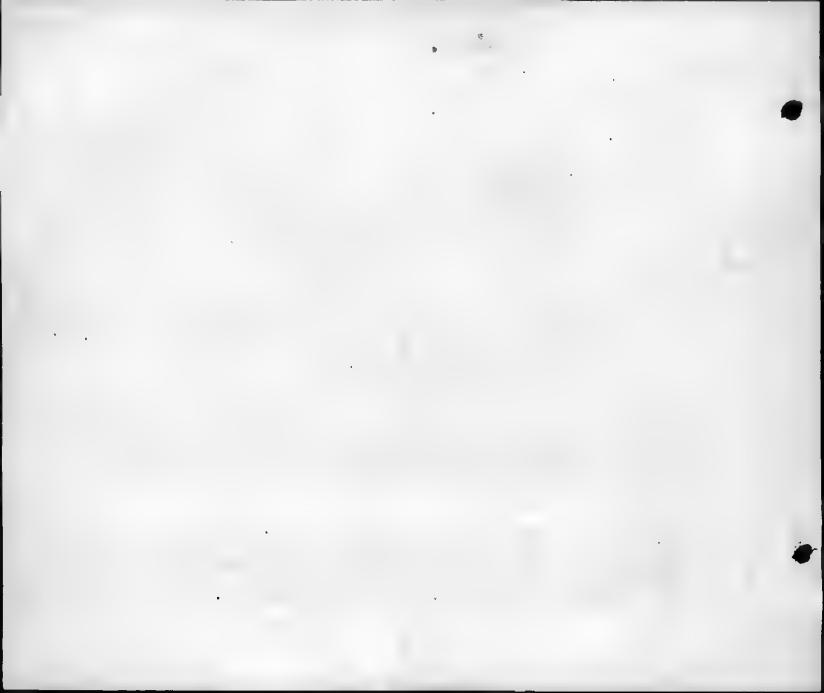


VR A15 (4) 1SM 9/59

M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1514 CERTIFICATE OF DEATH

40.14														
		LACE OF DEATH	nne Arundel	MARYLAN	2 USUAL RESIDENCE (V	Where deceased li	ved. If institution b. COUNTY	n Residence bef	are admiss	on)				
	ь	CITY OR TOWN (If	autside corporate limits, w	rite c. LENGTH OF STAY IN 1	c. CITY OR TOWN (II	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)								
			Burnie	40 y.	Same	6:								
	d	OR INSTITUTION	AL (If not in hospital, give :	street oddress)	d. STREET ADDRESS	1			e. IS RESI	DENCE FARM?				
	6]	143 N Crai	n Highway		Same	· ·				NO 🔀				
	D	NAME OF DECEASED Type or print)	First Mammie M Ha	Middle	Last	4. DATE OF DEATH	Mant Februar	,	-/	9 60				
	5 5	EX	6 COLOR OR RACE 7.	9.	AGE (In years last birthday)	IF UNDER TYEA								
	F	न	W WII	DOWED DIVORCED	9/13/69		90 yrs	Manths Days	Hours	Min				
	10a	USUAL OCCUPATIO	N (Give kind of wark dane	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sta	te ar foreign coun	itry)	12. CITIZEN C	OF WHAT C	DUNTRY?				
		daying most of more	Retired ho	usewife	Middles	sex,Va.								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
	Leroy Gibson Sarah ?													
1S. WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address [16s. no. or unknown] [17 see, give wor or dates of service] No None Mrs.Catherine Bennett, (daughter)														
		PART I DEAT	TH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Carcinoma	of left leg v	with num	erous me	tastase	s. 1	4 mon				
		199.1	DUE TO											
		Candilions, if on		General arte	rioslerosis				10 ye	ars				
		gove rise to immediate cause (a), stating the under:												
	2	lying couse lost.   (c)   (c)												
)	CATION	PARE II. OTH	EK SIGNIFICAN! CONDITE	ONS CONTRIBUTING TO DEATH	SUT NOT RELATED TO THE TER	WINAL DISEASE (	ONDITION GIVE	PRINIPAKI I(O)	PERFO	RMED?				
i	υ	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury i	n Part I or Port II	of item 1B)							
	MEDICAL	20c TIME OF INJURY Hour o.m. p.m.		20d. INJURY OCCURRED 20e. While Nat while of work 1	PLACE OF INJURY (Hame, fa factory, street, affice bldg., e		r tawn)	(Caunt)	r)	(State)				
		21 I certify that	(I) (this hospital) a	ttended the deceased fra	mJune1	9_48 to	February	7.49260	that (I) (s	we) last				
		saw the decease	ed alive an Januar	ry 15 1960, and the	t death accurred at3_	AM, from th	ne causes and	d an the dat	le stated	abave				
		220 S GNATURE	· v/h	1 6 21	ATTENDING	HED	FTAFE	1- 11-	221	DATE				
		Kuile	in ATAI	wester	M.D PHYS 180	MED DIRECTOR	PHYS	2/7/60						
		22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS									
			Gustave H.			rnie, Md.								
	230	BURIAL, CREMATION	N. 236 DATE THEREOF	23c. HAME OF CEMPTER	Y OR CREMATORY	23d LOCATIO	ON (City town, a	me (	( Postali	"mel				
	24.	FUNERAL DIRECTOR'S	SIGNATORE	ADDRESS /	25a. RE	C'D BY REGISTRA	AR 2Sb REGIS	TRAR'S SIGNAT	URE					
		1 16,71	6 of 61724	10 Palla. 1 St.	120 1/14 DATE	FR 0 160		me & How						



1		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIN	AORE, 18
		CERTIFICATE OF DEATH	0148
8 5 4 1	1.	PLACE OF DEATH ANNE PARURUEL ALL RESIDENCE (Where deceased live	Reg. Dist. No. ed. If institution Residence before admission)
of ending	A.	CIED (INTER MARYLAND OSTATE DE,	b COUNTY
d be		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest lawn)
the fun should	-	d NAME OF HOSPITAL (If not in hospital, give street oddress)  d STREET ADDRESS	e. IS RES DENCE
by t		DISTRICT TRAIN. School	ON A FARM? YES NO P
24 ha		NAME OF DECEASED CATHERINE (NATIE) CAMEY  OF DEATH	Month Doy Year
ithin ly fill Page:		SEX 6. COLOR OF RACE 7 MARRIES NEVER MARRIED TO BATE OF BIRTH 19. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
ed w		EMALE WIDOWED DIVORCED     - 9	ost birthday) Months Days Hours Min.
d cam pap	100	Outsual Occupation (Give kind of work done during most of working life, even if retired)	y) 12 CITIZEN OF WHAT COUNTRY
an ond carbon offer de	13	3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	100
hysicia hysicia nove co	150	MICHAEL J. HANLEY MARY M. CUNI	(NOWP) Frice
certifi ng phy remo 72 ho	(Ye	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT VAN. NO of windown).  OF WHO OF WHOM OF SECURITY NO. 17. INFORMANT AND	Light D. J.S
death lendi		18. CAUSE OF DEATH [Enter only one couse per tine for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
the at hen gent went		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  J. NEUWONA	3 V/
by the Till Till Till Till Till Till Till Til		Conditions, if any, which	Territory as
quires gened perm in a		gave rise to immediate, cause (a), stating the under	10
icion.	NO	Iging cause lost.	NOTION GIVEN IN PART IO 19 WAS AUTOPSY
p pys pos by instru	STE	mental Alexander	PERFORMED? YES NO
ending ficate h the bur	CERTIFI		f item 1B.)
ar officers of certificers of certificers of certificers of certification	MEDICAL	Haur a. m While Not while factory, street, office bldg., etc.]	own) C (County) (State)
pital prital for u	×		De la
NDIN e hos : Afriched ched urial,		Sin In	2., 19.01.,that I last saw the decease e causes and an the date stated above
by th		SI, FFG , ADDRESS (Street,	city or lown, state) 2-6-60 DATE SIGNE
OR ined DIRECTOR IN DIRECTOR D		SIGNATURE WOOM CHILDREIVS	LENVER LAWAELMA.
PITAL RAL show		PHYSICIAN'S GEORGE GLASSMO	· · · · · · · · · · · · · · · · · · ·
HOSI oy be nge 3	220	20. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION	(City, lown, or county) (State)
5 E 5 g E	23	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR	24b REGISTRAR'S SIGNATURE
VS A1S (4) 15M 10/57	1	W. W. Chambers (1) 580/ Cleve ave. DATES 9 150	C 11 2 K
•		RIVERDALE M.D.	



Mt.

**ADDRESS** 

Auburn Cem.

Baltimore,

24g REC'D BY REGISTRAR

DAREB 2 3 '60

Maryland

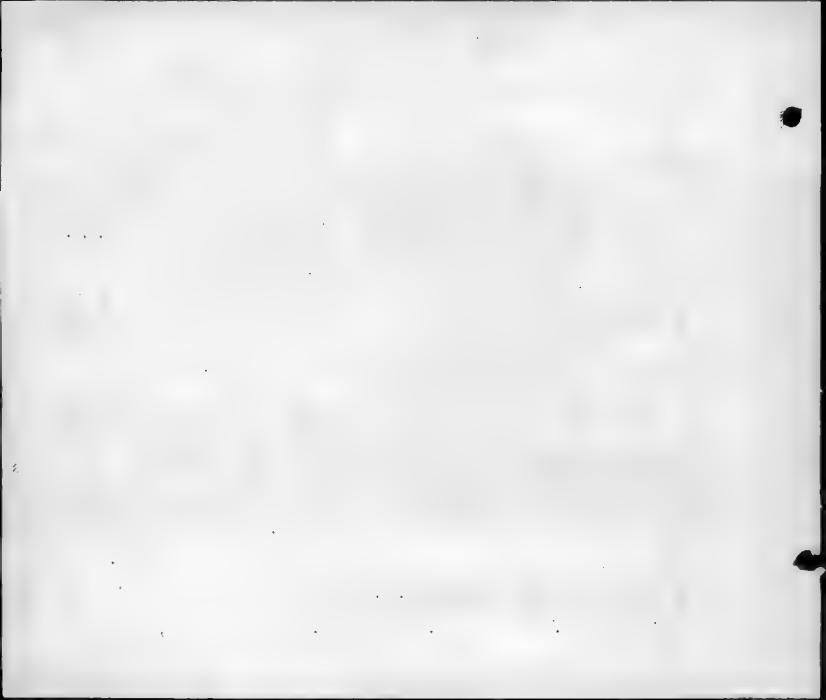
245 REGISTRAR'S SIGNATURE

Cirthur & House

may be retained by the FUNERAL DIRECTOR: page 3 should be detact 0 VS A15 (4)

BUY I (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



VS A1S (4) 1SM 9/5B

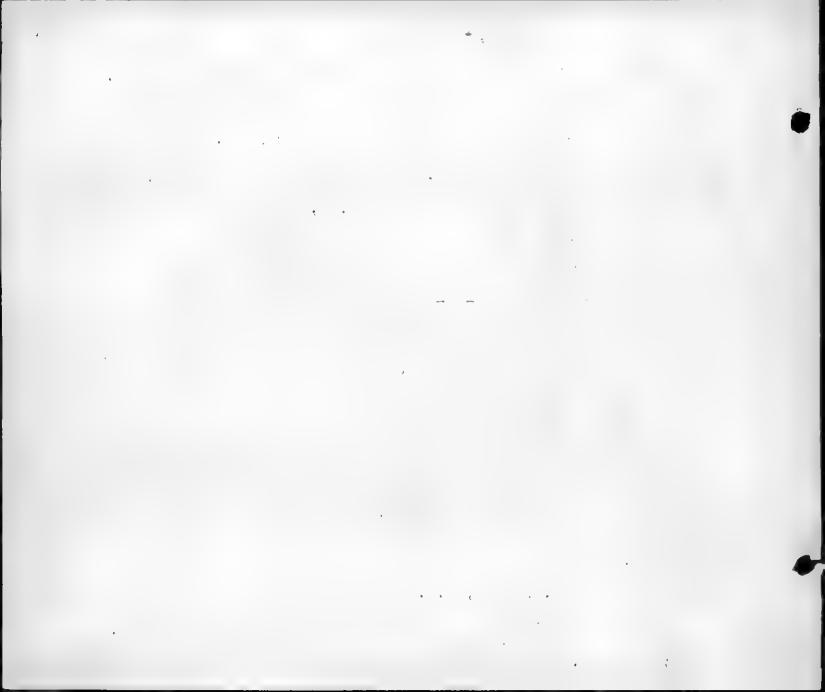


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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1517 **CERTIFICATE OF DEATH**  Reg. Dist. No. 1490

	D. COUNTY	VE ARUN	DEL	MARYLA	- 11	USUAL RESIDE	ENCE (Wh	ere deceased AN D	f lived. If institu b. COUNT		E ARU	dmission)  NDEL
	b. CITY OR TOWN (If RUBAL and give ne	orest town)	ts, write c.	LENGTH OF STAY IN				Burni	rote limits, write	RURAL ond	give nearest	fown)
	d. NAME OF HOSPITA OR INSTITUTION	ISURNIE AL (If not in hospital, g Own Hon		30 yrs.		d. STREET AD	DRESS	n Ave				RESIDENCE ON A FARM?
ł		4-1-				0.01	11100	1	•		YE	S NO
I	3 NAME OF DECEASED (Type or print)	Emil	st	Middle L.		Hittle	Э	4. DATE OF DEATH	F'e	b.	22	Year 1960
	s. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	_   _	ate of Birth	1907		9. AGE (In years lost birthdoy) 52 yrs	Months		UNDER 24 HRS purs Min.
	100. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired Station C	done 10b. KINI	D OF BUSINESS OR I		11, BIRTHPLA		_			TIZEN OF WE	IAT COUNTRY?
Ì	13. FATHER'S NAME				14	. MOTHER'S A				1	0,011	
	Joseph	n Hittle				F	Alou	ise U	Iresch			
	IS. WAS DECEASED EVER	IN U S. ARMED FOR		-07-4514	Mr	RMANT S Anne	a Hi	ttle,	same	dress as 2		
		TH [Enter only one con TH WAS CAUSED BY. IMMEDIATE CAUSE (o	MET	or (o), (b), and (c).] ASTATIC	C	ARCIN	OMA	)	1			AL BETWEEN AND DEATH
	Conditions, if or gove rise to in	mediote	PRI	MARY C	ARC	INOM	A	OF Z	BLADDE	K		NGSED 03, AGO
	couse (o), stoting the lying couse lost.	) (c	)									
	PART II. OTH  PART II. OTH  OR ACCIDENT WA'  OR CONTRIBUTING  (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	DITIONS CONT	TRIBUTING TO DEATH	EUT NOT	related to t	THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN PA	P	VAS AUTOPSY ERFORMED? S NO 🗗
		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	E HOW INJURY OCC	URRED. (E	nter noture of	injury in I	Port 1 or Port	t II of item 18.)		0	i <sub>d</sub> a
	Y 20c TIME OF INJURY Hour o.m.	Manth, Doy, Ye	20d. INJUR While at work	Not while		OF INJURY (He, street, office t			or town)		(County)	(Stote)
	21. I certify the	at Lattended the	deceased . , 19 60	fram NeV.	2 eath oc	_, 19 <u>59</u> , curred at <b>3</b>	3º A	M, fram	the causes a	nd an th		
	ACTUAL	arber	6 10	almer Ja	M.D.	77	FRI	ANKL	IN ST		2-2	2-60
	PHYSICIAN'S Bas	rber C. P	almer	, M.D.		ANI	NAP	0615	MD.			
1	BUT 18 (Specify)	2/25/60	44	Glen Hav			a1		IION (City, town, Burni		d .	(Stole)
	toping +		Plank	ADDRESS	N		24c REC'I	B 2 6 '6	RAR 24b, REG	istrar's s	4 .	



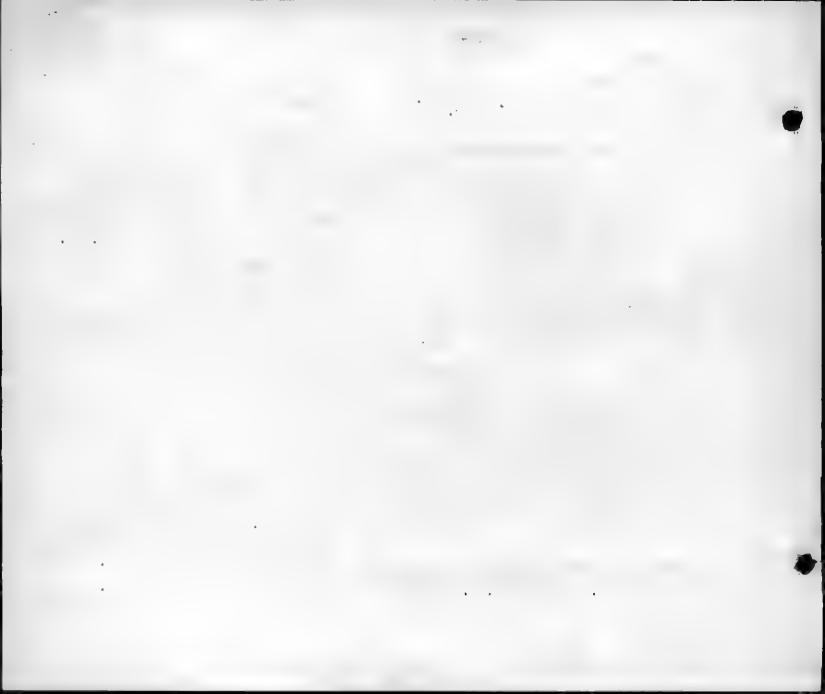
TO HOSPITAL OR

Vs A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1518 CERTIFICATE OF DEATH

		Keg. Dist. No.							
PLACE OF DEATH COUNTY Anne Arunde	1	MARYLAN		usual residence (Who state Maryland	ere deceased liv	b. COUNTY	Arunde		
b. CITY OR TOWN (If outsing RURAL and give nearest) Crownsville	1ь	annapolis	ulside corporate	limits, write RU	RAL ond give	nearest town)			
d. NAME OF HOSPITAL (If not in hospito, give street oddress) OR INSTITUTION Crownsville State Hospital				d STREET ADDRESS 148 O'Ber:	ry Cour	t		e. IS RESIDENCE ON A FARM? YES NO D	
3. NAME OF DECEASED (Type or print)	Janie	Middle Elizab	eth	Lost Howard	4. DATE OF DEATH	Mont	2	Day Year 14 19 60	
5. sex 6 C	Negro widow	RIED 🔼 NEVER MARRIED [	_	are of Birth arch 30, 191		AGE (In years lost birthday)	Months Do	EAR IF UNDER 24 H ys Hours Min	
10c. USUAL OCCUPATION (Give kind of work done tob. KIND OF BUSINESS OF during most of working life, even if retired)  HOUSEWIIE				11 SIRTHPLACE (Stote of Maryland		lry)		U.S.A.	
3. FATHER'S NAME Frank Harr	ris	_	14	MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN U (Yes. no. or unknown) (If yes.) Unknown	give wer or dates of service)	Social security no Unknown		mant spital Reco	rds	Addre	is .		
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Perinephric Abscess  Conditions, if ony, which gave rise to immediate couse (o), storing the under-lying couse lost  Chronic Pyelonephritis  INTERVAL BETWEEN ONSET AND DEATH									
On ACCIDENT WAS HAI	DERLYING 1 206 DES	CONTRIBUTING TO DEATH					N IN PART 1(	PERFORMED? YES M. NO	
OR CONTRIBUTING COUNTRY MEDICAL COLOR CONTRIBUTING COLOR COL	AL EXAMINER)	Not while		OF INJURY (Home form, street, office bldg., etc.)		fown)	(Cou	nty) (Sto	
21. I certify that I attended the deceased fram 4/19, 1956, to 2/14, 1960, that I last saw the deceased alive an 2/14, 1960, and that death accurred at 10:45 M, from the causes and an the date stated above.  ACTUAL SIGNATURE M.D. Crownsville State Hospital, id. 2/14/60									
PHYSICIAN'S L. STANDARD (Type) 22p, BURIAL, CREMATION, 22/2, REMOVAL (Specify) 22/2	Benedict, M	D. D. PAME OF CEMETER	Y OR CR	Crownsvill		Hospit		. 2/14/6	
23. FUNERAL PIRECTOR'S SIGN	ATURE -/9/5	d (Incurer	/ V	/) 24g REC'I	D BY REGISTRAT	24 REGIST	RAR'S/SIGNA	ATURE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

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VS A15 (4)

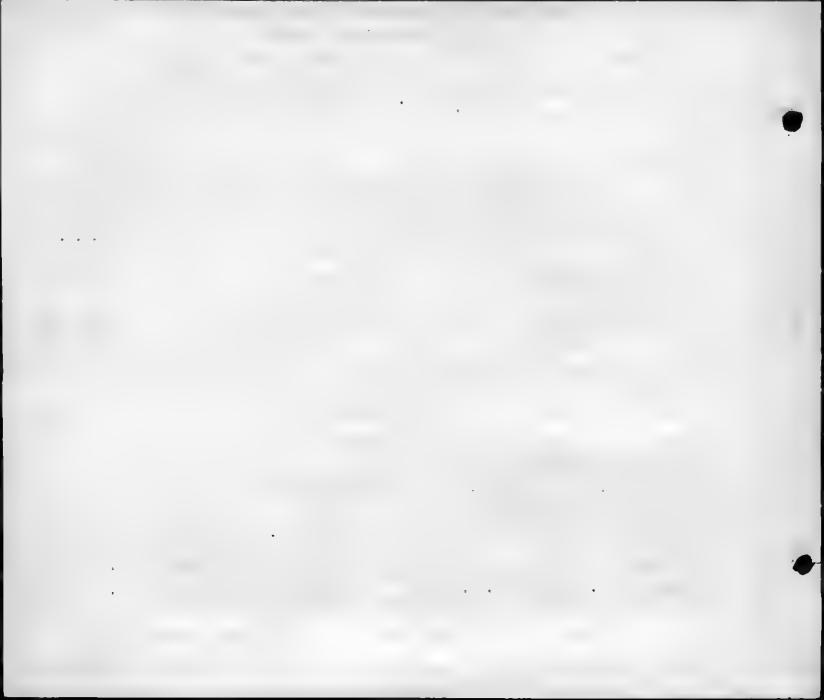
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Pages



15M 9/5B





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	perol	8	. \		_
h	y the funeral director	2 should be filed with			
	34	2	e	7	3

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours.

VS A15 (4) 1SM 9/SS

	ZZII CERIIFICA	TIE OF DEATH	Reg. Dist. N	Reg. Dist. No.			
,	1. PLACE OF DEATH a COUNTY AMARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE MAC	f lived. If institutions Residence be b. COUNTY	fore admission)			
	b. CITY OR TOWN (If autside corporale limits, write RURAL and give neares) town (Inc. LENGTH OF STAY IN 1b. RURAL and give neares) town	c. CITY OR TOWN (If outside carpor	rate limits, write RURAL and give n	nearest tawn)			
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOMEWOOD Convaluent Home	STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO DE			
	3 NAME OF DECEASED (Type or print) Dr. Drace Lewis	Hurd 4. DATE OF DEATH	Month [	Pay Year 1960			
	Female White WIDOWED DIVORCED	Dec 17-1880	9. AGE (In years   IF UNDER 1 YEA   Manths   Days				
	100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUS during that of working life, eyen, if refined to Steapalty Osteopalty	New Mexic	Junity) 12 CUIZEN	S. A.			
	Moses devis	Machinery Mainten Name					
	15. WAS DECEASEDEVER IN U. S. ARMED-FORCES? 16. SOCIAL SECURITY NO. 17. 16. [If yet, give wor or datas of service]	Mrs Grace M	Ceson (2)	<u> </u>			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) old (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	chapleunion		TERVAL BETWEFN NSET AND DEATH 2. DIALS			
/	Canditions, if any, which agave tise to immediate (b)						
	cause (a), stating the <u>under-</u> lying cause last.    DUE TO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT!	mach		PERFORMED? YES NO P			
	DOR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MODICAL EXAMINER)						
		CE OF INJURY (Hame, form, 20f (City lary, street, affice bldg., etc.)	or town) (County	y) (State)			
	21. I certify that I attended the deceased from	occurred at 1.12 A.M. from					
1	ACTUAL SUBTRIBLES SEEL	ADDRESS ISH	root, city or town state)	DATE SIGNED			
	NAME (Type)	Вилия	roles				
	270 BURIAL CREMATION, 276 DATE THEREOF 220 NAME OF CEMETERY OR SEMOVAL (Specify) 2 - 1/-19/60 KERLINGOOK	Lemt Wa	ION (City, lawn, or county)	/ (Stole)			
	23 JULIA DIRECTOR'S SIGNATURE COM CADDRESS CAMPACION	DATE 240. REC'D BY REGISTI	RAR 246 REGISTRAR'S SIGNAT				



1479	CERTIFICATE	<b>OF</b>	DEAT
THE THE PARTY		•	

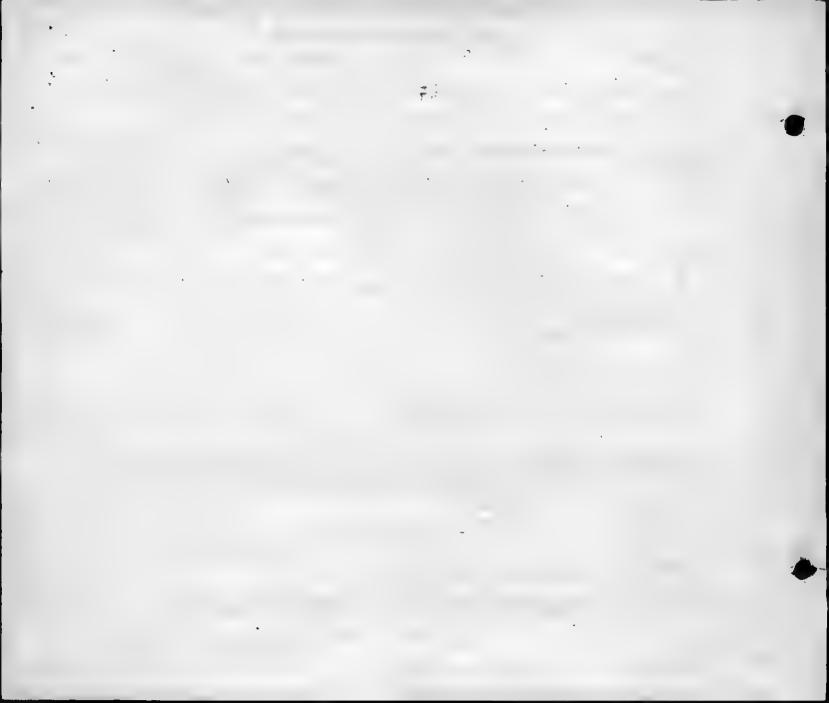
01496 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE  b. COUNTY
ANNE ARUNGEL MARYLAND	Maryland Anna Apuntel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
ANNAPALIS	X Riviera Beach
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
1318-West St. Homewood Lous Home	171-Carroll Road YES NO 1
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) William H.	HYNSON DEATH Feb. 15 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
Thate white WIDOWED DIVORCED	21 Nov. 1876 83 yr.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Carponter (Rut) M. Prydock	Kent Co. ma. 4.2. He
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
(UKNKOWN) HYNSON	1em perance (UNKNOWN)
[Yes, no or unknown]   [If yes, give wor or dates of service]	INFORMANT Address BOX 180 A-SollexA
	Ins Hilla Luedthe- Passadeva, md.
18. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c) } PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DRONCH O	PNEUMONIA 2DAYS
491 X DUE TO	
Canditians, if any, which   (b)   (b)	
cause (a), stating the under-	
lying cause lost. (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ž 2 2 - 2 /	DISEASE ICONGESTIVE FAHLURE YES NO.
	RED (Enter noture of injury in Port I or Port II of item 18.)
200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
¥	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole)
Hour o.m.  While Not while of work of work	foctory, street, office bldg , etc.)
21. I certify that I offended the deceased from Jukes	/, 1959, 10 15 FEB, 1960, that I last sow the deceased
alive an IS FER 1960 and that deal	th occurred at IBPOFM, from the couses and on the dote stated above.
Wa and IK 1	ADDRESS (Street, city ga-town, stote) DATE SIGNED
SIGNATURE SULLEUR STORES	M.O. 4/ Southente (me) 2/16/60
PHYSICIAN'S	Ca . h. a: Snal
NAME (Type)	- Junapella, Ma
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
13. FUNERAL DIRECTOR'S SIGNATURE Since to for fift ADDRESS	
R. I + BUILDING FOR THE	250. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours death. deoth. Page 4 ITENDING PHYSICIAN: The law requires that the death certificate by exempted within 2" haurs TO HOSPITAL

VS A15 (4) 15M 9/55



22c. NAME OF-CHARTERY OR

DATE

REGISTRAR'S SUSNATURE

ADDRESS

0 VS A15 (4) 15M 9/55

220 BURIAL CREMATION,

REMOYAL (Specify

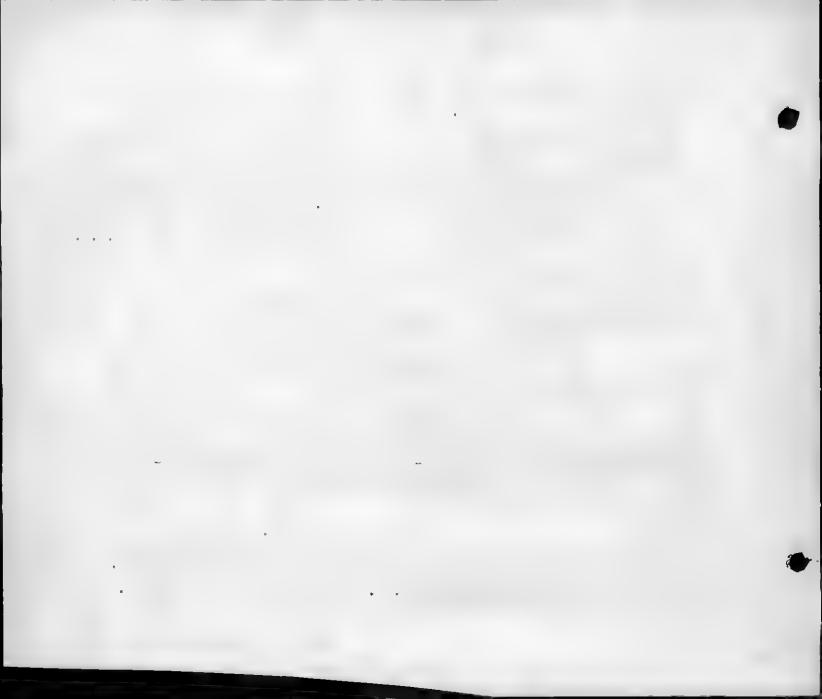
23. FUNERAL DIVECTOR'S-SHENATURE

226 DATE THEREO

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that the



VS A15 (4) 15M 9/58

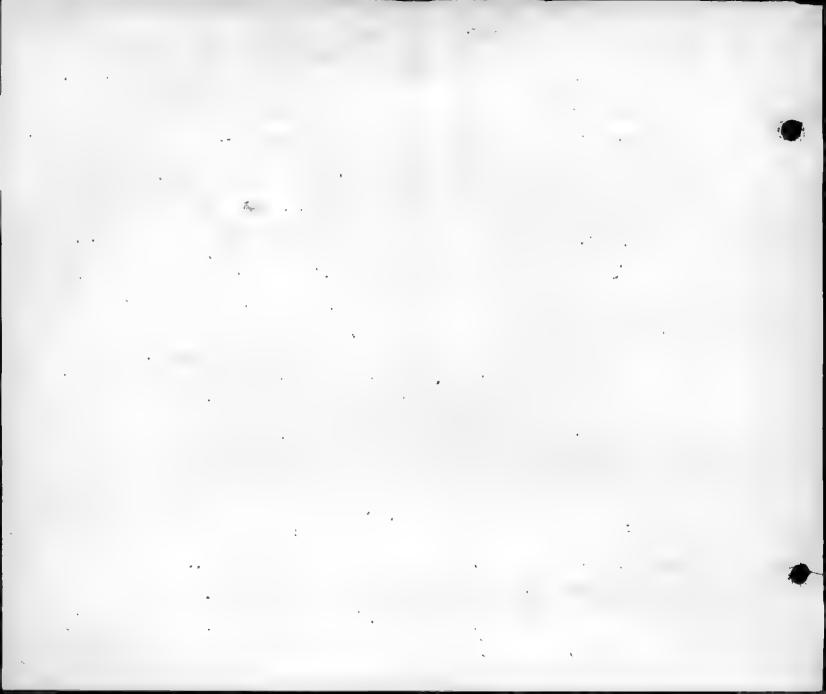
ARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	
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1473 CERTIFICATE OF DEATH

M

Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)								
	e. COUNTY	Anne Arund	el	MARYLAN	o. STATE	Maryl	and	b. COUNTY	Anne Ar	und el			
	RURAL ond give		its, write c. LEN	IGTH OF STAY IN 1	c. CITY OR		outside corporat	e limits, write RU	RAL and give ne	arest town	)		
-		polis ITAL (If not in hospital, g	tive street address	)	d STREET ADDRESS e IS RESIDENCE								
	OR INSTITUTION	el General					eet St.			ON A	FARM?		
-	NAME OF		*	Middle			4. DATE	44 .1					
- 1	DECEASED (Type or print)	Cora	rst	Middle	JONE		OF DEATH	Februar		,	Yeor 1960		
	SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9	AGE (In years	Months Days	R IF UNDE	R 24 HRS. Min		
P	'emale	Negre	WIDOWED	DIVORCED [	August	24,	1893	660 yrs.	monins Days	Hours	MIII		
100	thiring most of wo	ION (Give kind of work rking life even if retired	done 10b. KIND (	OF BUSINESS OR IN			e or foreign coun	†ry)	12.CITIZEN C	S.	OUNTRY?		
13.	FATHER'S NAME	Conto	0.0	1111	14. MOTHER	S MAIDEN	NAME	1 K	.01	Pa	1 -		
	. WAS DECEASED EV	ER IN U. S. ARMED FOR		L SECURITY NO	INFORMANT .	110	vvce	2 Addre	33		201		
	as the or summering	(ii yes, give war at acres or s	an voca)		# 111.11	la	et-lak	VERG.	sena	Eur/	na.		
	18. CAUSE OF DE	ATH [Enter only one co	ouse per line for (	o), (b), and (c) ]	0			1		ERVAL BE			
	PART I. DE	ATH WAS CAUSED BY:	alo	cess 6	1 son	uCh	eas.		O I	ISEI AIND	DEATH		
	151 X	DUE TO		1010		ef C	2000	alles.	des	40	4		
	Conditions, if		1.0	b- a	10	61 2	price		,	9 01	BL		
	gove rise to couse (o), stating	immediate (	(10)	The Co	uro-	25	rto	~ 1		7 00	8.		
	lying cause last		, Cor	consi	na.	4/3	roma	con					
CATION	PART II. OT	THER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED T	O THE TERM	MINAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. WAS A	AUTOPSY RMED?		
.   ₹		peplic	neces	- of 5th	mark	/	354			YES 🔼	NO 🗌		
CERTIFI	OR CONTRIBUTION	VÅS JNØERLY NG □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	IOW 4NJURY OCCU	RRED (Enter noture	of injury in	Port   ar Port	of item 18.)					
MEDICAL	20c. TIME OF INSU				PLACE OF INJURY	(Home, for	m, 20f. (Cily or	town)	(County	}	(State)		
MED	Hour o.m.	10		lot while I work	foctory, street, offic	ce bidg., ai	IC.)						
	21. I certify t	hot I ottended the	deceased fro	om Jan	26, 1960	to	Tel 1	IL 19621	hat I last so	w the d	ecensed		
	alive on 7	ea 44			oth occurred a								
			10	_,				t, city or town, s			E SIGNED		
	ACTUAL SIGNATURE	ditte	14001	les	M.D	45 Fr	anklin S	it.,					
	PHYSICIAN'S NAME (Type)	Edith Rod	ler			Annap	olis. Mo	1.					
220	BURIAL, CREMATI	ON, 22b. DATE THEREO	OF 22c/	NAME OF CEMETER	Y OR TREMATORY		22d. LOCATIO	N (City, tawn, or	county)	J. 2(Stat	e)/		
1	REMOVAL (Specify	2-7-1	960 (	frews	Checker	L	Que	12211	the .	MA	1		
23)	FUNERAL DIRECTO	R'S SIGNATURE	1. A	DDRESS	2201		D BY REGISTRA		TRAR'S SIGNATI				
1	Mille	2m Puese	#. 121	Ma.1.	1162	DATE	8 8 8	Clatin	or S. Firme	,			



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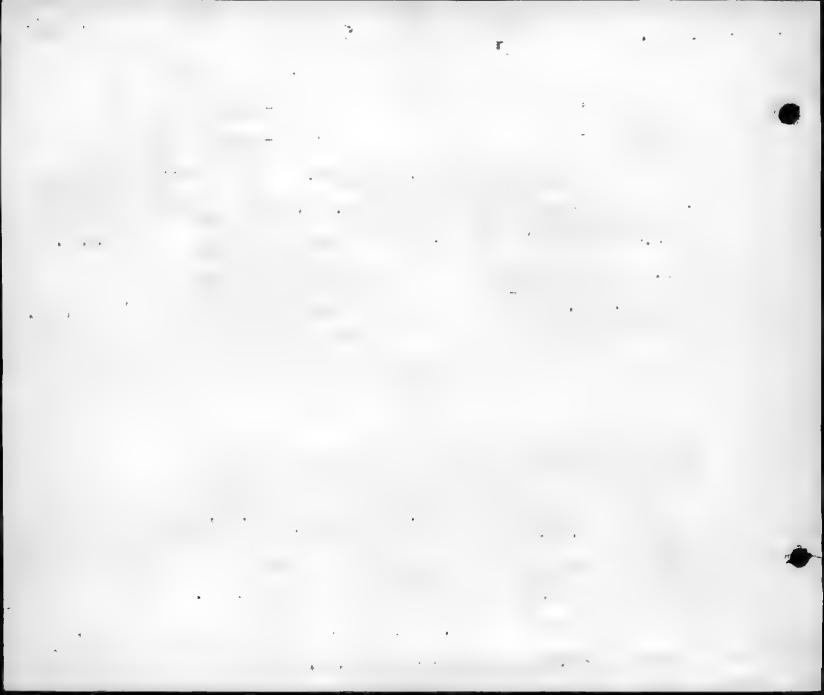
TO HOSPITAL ON TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagess. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

			200	CERT	IFIC.	ATE OF I	DEATH	1		Reg.	Dist. No	).	
1.	PLACE OF DEATH	A. A.		MAI	YLAND	2. USUAL RES	Md.	ere decease	d lived. If ins b. COU	titution: Resid	ence befo	ore admiss	sion)
	b. CITY OR TOWN ( RURAL and give n Arnold	If outside corporate lim sorest fown)	its, write	c. LENGTH OF STA	Y IN 16	a city or		utside corpo	erote limits, wr	ite RURAL an	d give ne	arest fowr	n)
1	d NAME OF HOSPI OR INSTITUTION Joyce Lan	TAL (If not in hospital, C	ive street	oddress)		d STREET ADDRESS / ON A FAR  Joyce Lane YES NO							
	NAME OF DECEASED (Type or print)	MAR.	ni [	Middle Mi		JOY CE	at 2	4. DATE OF DEATH		Month Feb.	2		Yeor 19 60
5. 3	female	white	WIDOWI	times.	ED 🔲	B. DATE OF BIRT	, 1879	The state of the s	9. AGE (In your lost birthdown 80	oy) Months		Hours	ER 24 HRS. Min.
L	Homemaker	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	Md.			ountry)	12. (	CITIZEN (	OF WHAT	COUNTRY
13.	Octavus K	night				Laura	V. Hoj						
15. (Ye	WAS DECEASEDEVE	ER IN U. S. ARMED FOI (If yes, give war or doles of	RCES? 16	SOCIAL SECURITY N		Mr. J. F	Rodgers	s Joyc	e - Ar	nold.	Md.		
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (	(	ne for (a), (b), and (c	1.]	Ja	unb	Par			INT	ERVAL BE	DEATH
Conditions, if ony, which gove rise to immediate cours (o), storing the under DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate cours (o), storing the under DUE TO										40	121		
CERTIFICATION	lying couse lost.		i)	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION	I GIYEN IN P	ART 1(0)	19, WAS PERFO YES	RMED?
	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING []  G [] CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D (Enter nature	af injury in P	ort I or Par	t II of item IB.	.)			
MEDICAL	20c. TIME OF INJUI Hour a.m p. m.	RY Month, Doy, Ye	ar 20d. It While of wor	NJURY OCCURRED  Not while  of work	20e. PL	ACE OF INJURY story, street, office	(Homa, form, te bldg., etc.)	20f (City	or town)		[County]		(Stote)
	21. I certify to alive on	on i 10	deceos 12	1 ~	deoth	occurred at	415	M, from	n the couse treet, city or to	onthot es and on own, stote)		ole stote	
200	PHYSICIAN'S NAME (Type)	AMES A		ARTIN			TNNA	POLL	SIM	21		/	
L.	BURIAL CREMATIC REMOVAL (Specify BUT181	. 2/24/60		Loudor				В	TION (City, to	Md.		(State	e)
23	FUNERAL DIRECTOR	lie knif	YX	ADDRESS	Dal	TUI]		2 5 160	24b.	REGISTRAR'S Inthus S.	FLAM	ÆE	
					-	My							





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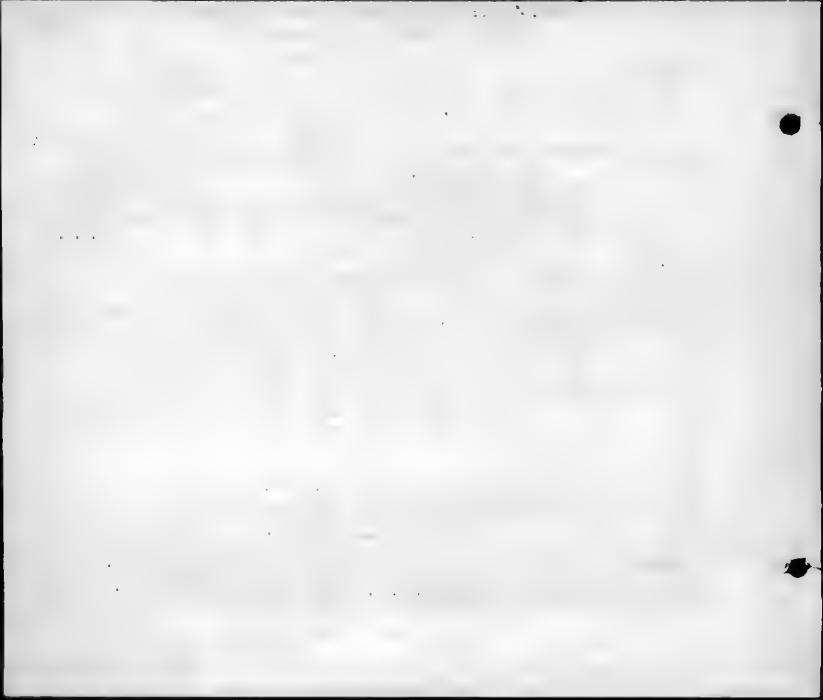
240. REC'D BY REGISTRAR

245 REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

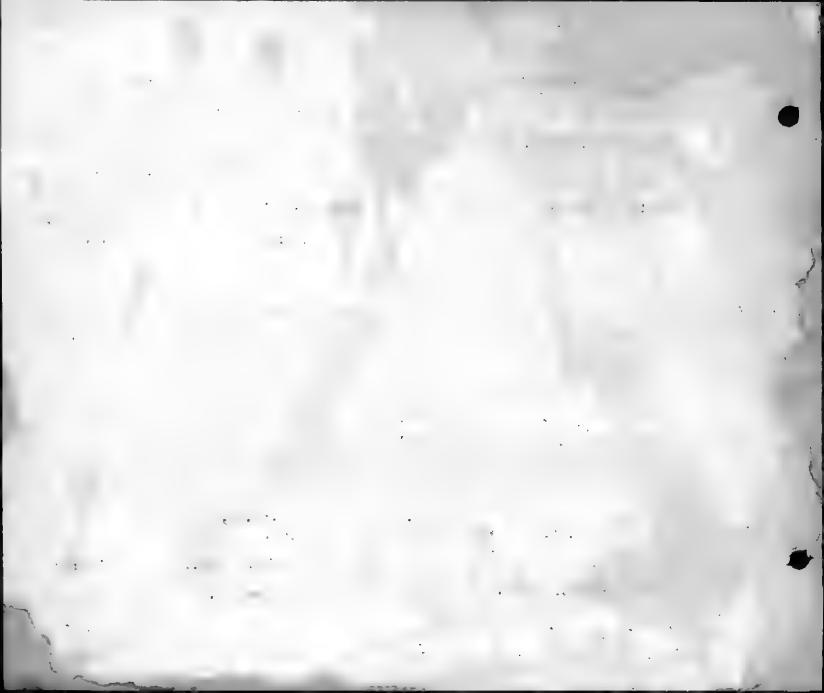
that the

VS A15 (4) 15M 9/55



MARYLAND	STATE DEPARTM	ENT OF HEALT	H—BAL 1-60 e H	TIMORE, 1	8 Reg. Dist. N	015	02	
Anne Arundel.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE  Maryland  Anne Arundel							
R TOWN (If autside carparate limits, write and give nearest tawn)  nnapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits, write Rt lesville	JRAL and give n	earest lawn)		
OF HOSPITAL (If not in haspital, give street ITUTION  Arundel General Hospital	o. IS RESIDEN ON A FARI YES ☐ NO							
First /	Middle	Lost V	4. DATE	i) Man	th I	Day Y	/ear	
rint) Alice	,	LEEF	OF DEATH	Februa	ry	4 1	9 60	
	RRIED NEVER MARRIED	August 4, A	898 <b>896</b>	9. AGE (In years last birthday) 61 9 yrs.	Months Days		R 24 HRS Min.	
OCCUPATION (Give kind af wark dane 10th last af warking life, even if retired)	S. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stoil		country)	12.CITIZEN		OUNTRY?	
NAME		14 MOTHER'S MAIDEN	NAME					

a. COUNTY Anne Arundel.	MARYLAND	o STATE Mary	land b co	Anne Aru	ndel		
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)  RURAL - Galesville					
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Anne Arundel General Ho		d. STREET ADDRESS			e, IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First / (Type or print) Alice	Middle	Leef	4. DATE OF DEATH FOR	ruary A	y Year		
	RRIED NEVER MARRIED DIVORCED DIVORCED	August 4, A	898 9, AGE (In last birth		Hours Min.		
10a. USUAŁ OCCUPATION (Give kind af wark dane 101 during most af warking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole		12.CITIZEN O	F WHAT COUNTRY		
13. FATHER'S NAME Louis Bowen		14 MOTHER'S MAIDEN	NAME .belle Hinto	on			
15. WAS DECEASED EVER IN L. S. ARMED FORCES? To (Yes, no., or unknown) (If yes, give war or storus of service)	6. SOCIAL SECURITY NO	NFORMANT		Address			
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last  Part II OTHER SIGNIFICANT COND TIONS  YOU  YOU  YOU  YOU  YOU  YOU  YOU  YO	S CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITIC	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part or Part II of Item	18)			
Haur a.m. While	4-	ACE OF INJURY (Hame, farr clary, street, affice bldg., eli		(Caunty	) (State		
21. I certify that I attended the decedative an Peb. 49 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  Physician's Name (Type)	60, and that death	accurred at 9:58 A		tawn, state)			
PLENOVAL (Specify) 216 DATE THEREOF BENOVAL (Specify)	220 NAME OF CEMETERY OF	OR CREMATORY	Galerie	tawn, ar equaty)	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE OF FLAS	Let Gales	seile DATE		REGISTRAR'S SIGNATU			



01503

ON A FARM?

YES NO NO

Reg. Dist. No.

b. COUNTY

Month

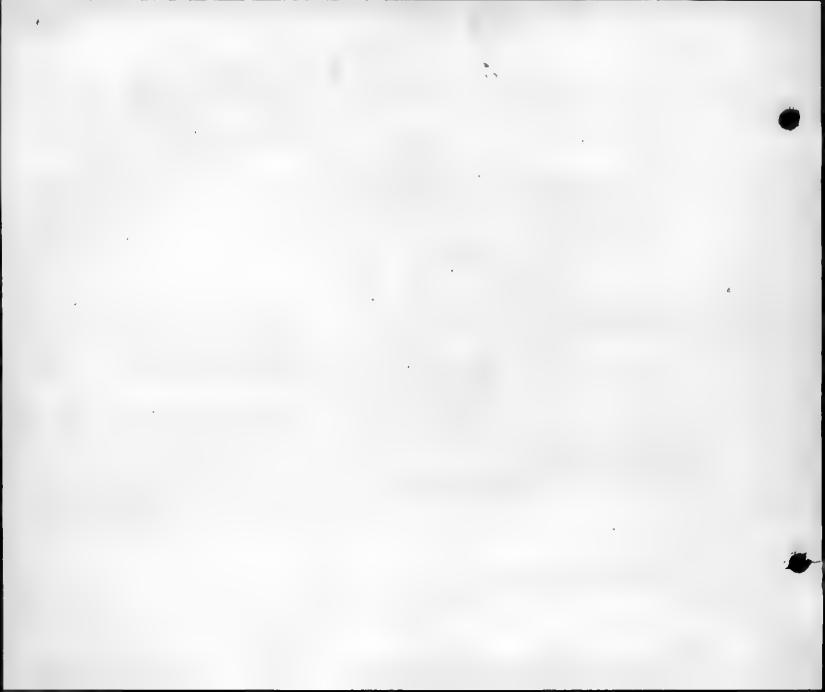
Drugr AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days 80 yrs. 12 CITIZEN OF WHAT COUNTRY? W. S. a INTERVAL BETWEEN PERFORMED? YES NO PO (County) (State) Widey 5, 1900, that I last saw the deceased and that death accurred at 4 ft.M. from the causes and an the date stated above. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) O'DONNELL ST. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE

FUNERAL DIRECTOR: 3 should 2 VS A15 (4) 15M 9/SB

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BUR AL, CREMATION,

22b. DATE THEREOF



01504

IS RESIDENCE

ON A FARM?

YES NO NO

Year

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO TO

> > (Stote)

DATE SIGNED 21 Feb 60

(State)

USA

(Caunty)

S. Toward

19 60

456 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY Maryland b. COUNTY MARYLAND Anne Arundel Anne Arundel b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL ond give nearest town)
Fort Goorge G. Meade 5 Hrs17 Min. Fort George G. Meade d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 1545-C Carvel Avenue U. S. Army Hospital NAME OF Middle 4. DATE Manth DECEASED OF DEATH (Type or print) February Christopher 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 7 R DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 21 February 1960 Cau WIDOWED | DIVORCED [ Male 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie McGirt Elmer E. Lowallen 72 A60Ty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address 1545-C Carvel Ave, FGGM, Md N/A Mother 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Prematurity IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Manth. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) factory, street, affice bldg., etc.) Haur o. m. While Not while at work at wark 21. I certify that I attended the deceased from 21 February 1960, to 21 February, 1960, that I last saw the deceased and that death accurred at 5:45PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) Při PHYSICIAN'S NAME (Type) U.S. Army Hospital, Fort Geo G Meade, Md ROGER C. MOYER, CAPIL 22a. BUR AL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county). 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Laboratory, US Army Hospital, Fort George G. Meade, Md 23 Feb 60 Cmerati n ADDRESS BET Y M. ELLIS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE Capt 1118 Capt., MSC, USAH, FGGM, MODATFEB 26 160

by 2 s 2 filled comple pup requires that the deoth certificate be physician attending

shauld

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remove

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FUNERAL DIRECTOR: oge 3 should be detact poge 0 VS A15 (4) 15M 9/5B



director

67

and

physician

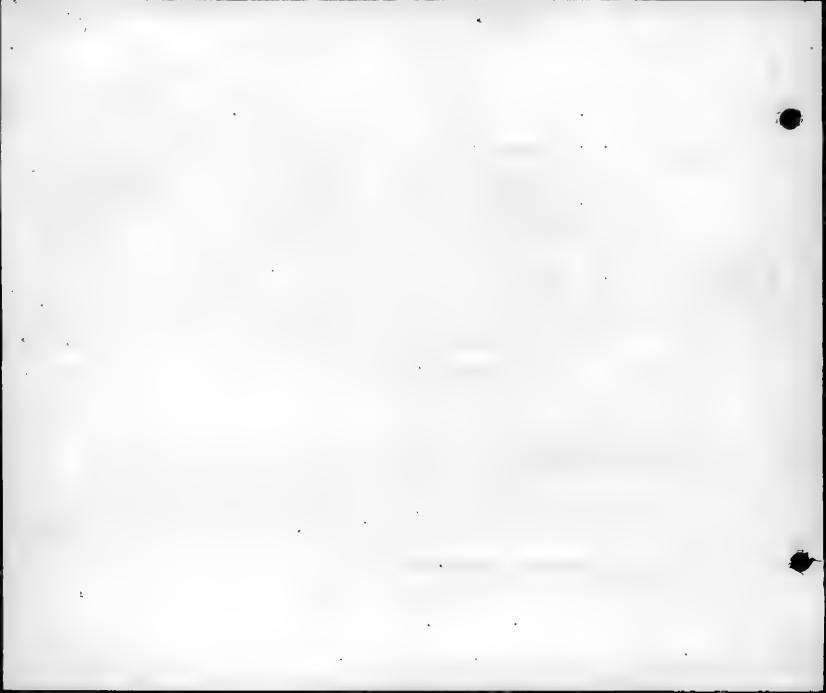
attending p

may be retained by the TO FUNERAL DIMICTOR:

**VS A15 (4)** 

3 should

pleose



moy be regarded by the rospinor are constructed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.		he funeral director,	hould be filed with	1	110
May be retained by the hospitor of continuing paystron.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cam page 3 should be detached for use as the burnal-transit permit. Then please remove corban pape the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours after death.		pletely filled in by th	ers. Pages 1 and 2 s		
moy be regarded by the nospinal of changing physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attendin page 3 should be detached for use as the burial-transit permit. Then please the registrar prior to burial, cremation, ar remayal, and in any event within it.		g physicion and camp	remove corbon pape	72 hours after death.	(
Moy be retained by the nashron of phenating physician.  • FUNERAL DIRECTOR: After this certificate has been sign page 3 should be detached for use as the bural-transit pithe registrar prior to burial, cremotion, ar removal, and it		ned by the attending	ermit. Then please	n any event within 7	
Moy be retained by the toppion of the poge 3 should be detoched for use of the registror prior to buriol, cremotion	neucing properties.	ificote has been sig	the burnol-transit p	1, ar removal, and i	
O FUNERAL DIRECT POSE 3 should be the registror prior	of the mosphological of the	TOR: After this cert	detoched for use os	to buriol, cremotion	
	moy be relained to	TO FUNERAL DIREC	page 3 should be	the registror prior	

ITENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours of death. Page 4

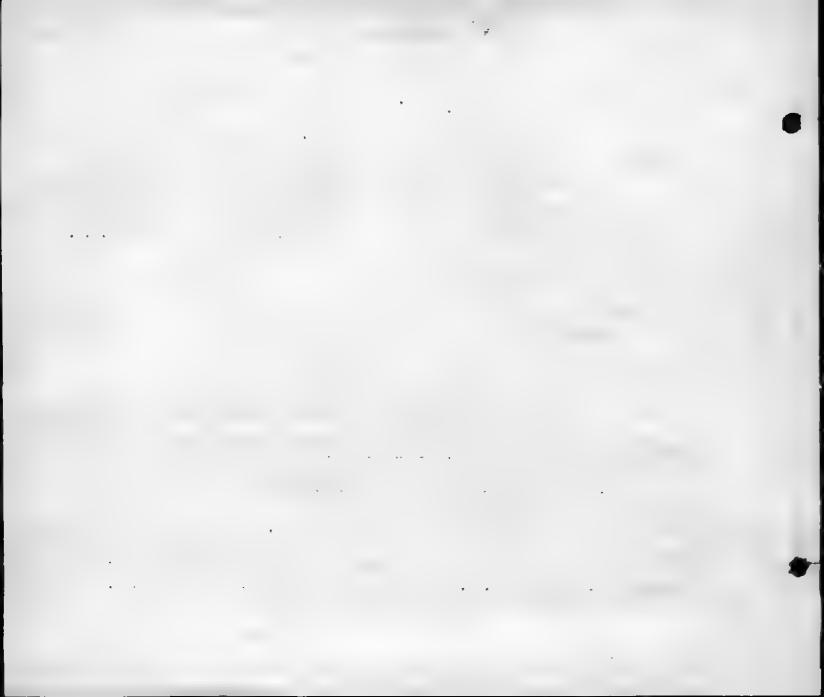
TO HOSPITAL O

VS A15 (4) 15M 9/55

	1475 CERTIFICATE OF DEATH Reg. Dist. No.															
1.	PLACE OF DEATH	NE ARUNDEL			MARYL	AND	2. 0	STATE M	DENCE (Who ARYLAI	ere decease	d lived If in b. CO				re admiss UNDEI	
	b. CITY OR TOWN (III	f outside corporate limi grest town)	ls, write	c. LENGTH	OF STAY II	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  // ANNAPOLIS								1)	
	OR INSTITUTION	AL (If not in hospital, g AL HOSPITAI	ive street AN	oddress) NAPOLI	s, MD	).	1	d. STREET A	odress • Glei	nn Ave	٥.					FARM?
3.	NAME OF DECEASED (Type or print)	Oscar	31	W.	Middle		LIÌ	IDAUER		4. DATE OF DEATH		Month 2	1	ľ,	,	Year 19 <b>6</b> 0
5,	SEX M	6. COLOR OR RACE	7. MARS	ED TO NEVE	R MARRIES			13-07	1		9. AGE (In lost birth 52		Months	Days	Hours	Min
10	during most of work	ON (Give kind of work in sing life, even if retired I	done 10b.	MILI'		RINDU	STRY		ACE (Slote o Idiana		auntry)		12. CI	US	)F WHAT	COUNTRY
13	FATHER'S NAME						14	. MOTHER'S	MAIDEN N	IAME						
1	Benson De	Paul Linda	uer					Mary	E. Wa	lker						
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECU	JRITY NO.	17, 1	NFOR	MANT				Addre	155			
ľ	YES	fit her the wor on gover or r	assical			Wi	fe:	Elea	nor H.	Line	dauer	321	L N.	Gle	nn A	ve.
F	18. CAUSE OF DEA	ATH   Enter only one co	use per li	ne for (a), (b).	and (¢).]							AIR	tapo.	丁九批和	ERVAL BE	TWEEN
L	PART 1. DEA	TH WAS CAUSED BY:	Co	ronary	Ocel	ໃນເຖິ	on								set and medi	
П	420.	IMMEDIATE CAUSE (o		A VIIGH J.			-><44								311.56.2	0.00
L	Conditions, if o	en militak V	Co	ronary	Arte	erv	Di.	sease	With .	Angin	a Pect	ori	s	5	yea	rs
L	gave rise to i	mmediate Dist. To	,													
L	lying couse last.	the under-														
CERTIFICATION		HER SIGNIFICANT CON											N IN PA	RT I(o)	PERFO	AUTOPSY ORMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW I	NJURY OC	CURRE	D. (Er	iter noture o	f injury in P	Part I or Por	rt II of item	8.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCU Not wh	ite	20e. PL fo	ACE (	OF INJURY ( street, office	Home, form, e bldg., etc.	20f. (Cit	y or tawn)			(Caunty)		(State)
	21 L cartify th	at I attended the	decens	ed from	137	4.10		1960	) to	13. 3.	e.h 1	060	that I	Inst s	nw the	decense
	alive an Ne		10	, aı	ad that	death		curred at	11.351	A.M. from	m the cou	- and	ad an	the do	te stat	ad abave
	dive dis_				11101	GCGII		.onca ac			itreet, city or			ine de		ATE SIGNE
	ACTUAL SIGNATURE	Aybra.	) and	x:1-			M.D.	U.S.	NAVA.	L HOS	PITAL,	A.J	NAPO.	LIS,	MAR	YLAND
	PHYSICIAN'S NAME (Type) S	(n) BUSCI	H LT	MC USN	R			U.S.	NAVA:	L HOS	PITAL,	1A	VAPO	LIS,	MD.	
24	REMOVAL (Specify)		196-0	220 NAME	OF CEME	TERY C	OR CR	EMATORY	med'	22d LOCA	TION (City,	lown or	county)		6) (Slot	le)
23	FUNERAL DIRECTOR		1.1	ADDRE	SS /	12.0	j.	(m)	24a. REC'I	D BY REGIS			TRAR'S S		RE	
1	Plm 14.	Jayar &	mo	Compa	100	1.	letig	1/4	DATE-TO	1 7 160	UC	Inthu	1 8. 1	ELAMA		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

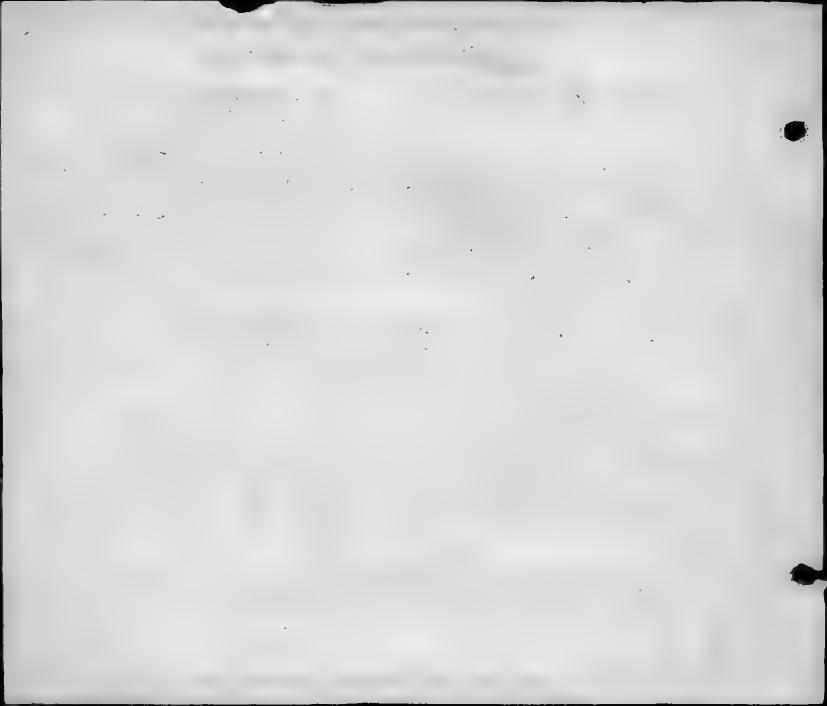






7	1 -	×			MARYL	AND S	CERTI	RTME	NT OF HEALTH	I—BALTII -728. I	MORE, 1	8	(11:	10.
oge 4	director, led with	***	1 6	LACE OF DEATH		الكيز	MARY		2. USUAL RESIDENCE (WI		red. If institutio	n Residence be		on) ,
ئم		X	<u> </u>		nne Arundel				Maryland		Anne	Arundel		1
Ball	funeral			RURAL and give ne		, write   c	LENGTH OF STAY	IN 1P	c. CITY OR TOWN (IF o			JRAL and give r	earest town)	
	the fun should	V		ort George					Fort Georg	ge G. Me	en de		1	
90				OR INSTITUTION	AL (If not in hospital, giv	re street od	dress}		d. STREET ADDRESS				e. IS RESID	FARM?
2005	in by				Hospital				1550-B	-			YES 🗌	NO 🗌
n 24 ho	Filles J o			IAME OF DECEASED Type or print)	787 12	linda			tost lialugin	4. DATE OF DEATH	Mont Febr	ruary 2	7 15	
within	Pag	0	5 \$	EX	6 COLOR OR RACE	7. MARRIEI	D NEVER MARRIE	D 🔯 8.	DATE OF BIRTH	2	AGE (In years lost birthday)	Months Doy		
3	a let		j	Pemale	Cau	WIDOWED	DIVORCE		28 August 19	959	yrs	Months Doy:	Hours	Min
execute	and components of delib.		100	USUAL OCCUPATIO during most of works	N (Give kind of work doing life, even if retired)	ne 10b. Kl	ND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN US	OF WHATCO	UNTRY?
e	arbo fter		13.	ATHER'S NAME			-		14. MOTHER'S MAIDENT	NAME	h			
a e	icia s af			Robert	J. Malugin	1			730	sair V	Hanne)			
certific	ng phys remay 72 haur		1S. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORC	ES? 16. SC	OCIAL SECURITY NO.	IN	ORMANT		Addr	ess		
death	ndir eose hin			18. CAUSE OF DEA	TH [Enter only one cou	se per line	for (o), (b), and (c).]		The state of the s			11	TERVAL 8ET	WEEN
P	wit plant		П		H WAS CAUSED BY:				Dehydration			0	DCA	DEATH
Ē	the Ther		Ш	34-LLV	IMMEDIATE CAUSE (o).  DUE TO		10000101010		Dong arabion					
thai	by F.		Ш	Conditions, if an	Tr. mikrak V									
Tes.	ed ermi		П	gove rise to in	mediate (									
inba	1 2 G		Ш	couse (a), stating the lying couse lost,	he under-									
e law r	pnysiciar as been ial-transi aval, an	, P	CAT ON	PART II. OTH		ITIONS COI	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART I(o)	19. WAS AL PERFOR	MED?
JAN: T	ficate has the burial		CERTIFICAT	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH	0b. DESCRI	IBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Part I ar Part (1	of item 18)			
PHYSIC	fhis cert r use as ematran	j	MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	URY OCCURRED Not while of work		E OF INJURY (Home, form try, street, office bldg., etc		town)	(Caunt	y)	(State)
2	spir ter d fo	- (		21. I certify the	or Detended the	deceosed	from 27 Fe	brua	cy, 1960, to 2	7 Februa	ary 1960	NATIONAL SANS	XXIICQC	£86384
TENDI	t: Af			aliveconcxxxx	XXXXXXXXXX				SEPTREMOTIX XXXX					
ALTE	deto			ACTUAL SIGNATURE	ech P	Rok	our				t, city or town,		DATE	signed Teb 6
TAL OF	RAL DIRECTOR Shauld be strar prior			PHYSICIAN'S JOS	EPH R. ROKO	US. C	APT., MC	m	U.S. Army	Hospita	al, Ft (	Geo G. N		
HOSPITAL	oy be r FUNER/ oge 3 sl e regist				N, 226 DATE THEREOF		22c NAME OF CEME	TERY OR			N (City, town, o		(State)	
I	E O S = 5		1	Burn	4 March 1	966	Polimater	Gar	1-0	1114.19	Essant.	Tem	newsel	
	A1S (4) 9/S8		23.	UNERAL DIRECTOR'S	SIGNATURE!	This	ADDRESS -	rxo)	GYNA 240. REC	D BY REGISTRA		TRAR'S SIGNAT		
FATT					1 3 3 K 1	.*			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					





## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1531 CERTIFICATE OF DEATH

Reg. Dist. No.

Anne Arundel

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in by the function director	be filed		
Juero		1	_
ile il	shauld		
ò	<b>~</b> ₽		
Ξ	puo		

Page

executed within 24 hours

completely popers. deoth. pup

physician

been signed by transit permit.

á

carbon ofter de

PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 9 yrs. Brooklyn Park

d. NAME OF HOSPITAL (If not in hospital, give street oddress)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

22 Rene

Housewife

No

MEDICAL

b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park d. STREET ADDRESS

22 Rene Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED	Fire	at .	Middle	Lost	4. DATE	Monl	h	Day	, 1	feor
(Type or print)	Victori	ne Tob	le Mayer		DEATH	February	24.		1	19 60
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			IF UNDER	1 YEAR	IF UNDE	R 24 HRS
Female	White	WIDOWED 🔲	DIVORCED 🔲	April 22,	1892	lost birthday) 67 yrs	Months	Days	Hours	Min.
10e. USUAL OCCUPATIO	IN (Give kind of work of ing life, even if retired)		OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE	(State or foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY

I, PATHER S NAME	14 MOTHER'S MAIDEN NAME
Unknown	Unknown
WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL S	SECURITY NO. 17 INFORMANT

None

Address

California

Rene Ave. Balto 25 Md 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove tise to immediate DUE TO couse (a), stating the underlast lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDZ

200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour e.m. Not while of work of work

DUE TO

20e. PLACE OF INJURY (Hame, form, | 20f (City or town) factory, street, office bldg., etc.)

(County) (Stote)

YES 🗍

NO

21. I certify that I attended the deceased from	4/9 , 1950 , ta 2	VY 1960, that I last	saw the deceased
21. I certify that I attended the deceased from alive an 2/24, 1805, a	ind that death accurred at 1130 DM.	from the causes and an the	date stated above
1. 1. 1. 1.		ESS (Street, city or lown, state)	DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

5010A Gov. Ritchie Howy

Feb 25.

(Slote)

Morton M. Krieger NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY E. Wildwood Cemetery 22d LOCATION (City, town or county) Williamsnort, Pennsylvania

Balto 25 Anne Arundal Co. Md.

Feb. 27, 1960 Burial 23. FUNERAL DIRECTORS SIGNATURE Tone, 4001 Ritchie Hgwy. Balto 25.

240. REC'D BY REGISTRAR DANIEL 1

Circhur S. House

24b REGISTRAR'S SIGNATURE

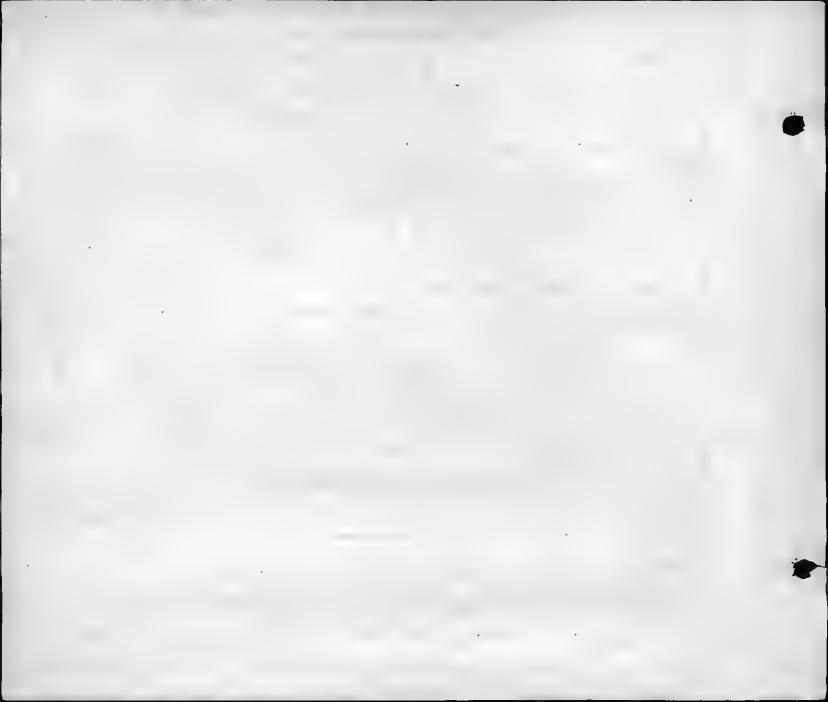
9 15M 975S

may be retained by the property for FUNERAL DIRECTOR:

3 should be

pode

registrar



\*ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

teath. Page 4

TO HOSPITAL OF VS A15 (4) 15M 9/58

		3479	CERTIFICA	ALE OF DE	g. Dist. No.			
1. PLACE OF DEATH	Anna Am	undal	MARYLAND	2. USUAL RESIDEN	NCE (Where deceased	b COUNTY .		_
	Anne Ara	mger	MARTLAND	Ma	ryland		nne Arund	el
RURAL and give n		its, write c. LEN	IGTH OF STAY IN 16		WN (IF outside corpore		L and give nearest to	own)
Annapo					JRAL - Anna	гроттв		
OR INSTITUTION	TAL (If not in hospital, i			d STREET ADD	Box-623		ON	RESIDENCE NA FARM?
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	Willia	A.M.		MAYNARI	DEATH	February	9	19 60
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			UNDER I YEAR IF UN	
Male	Negro	WIDOWED [	DIVORCED [	March 1,		50 yrs	onths Doys Hou	
10a. USUAL OCCUPATS during mast of wor	ON (Give kind of work rking life, even if retired	done 10b KIND C	OF BUSINESS OR INDU	-		intry)	12 CITIZEN OF WHA	TCOUNTRY?
xust	ul	CAN	anni		ryland		v.s.	
13. FATHER'S NAME	it M	aur	and	14. MOTHER'S MA	AIDEN NAME	John	ns m	1_
15. WAS DECEASED EVI	ER IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16 SOCIAL	1 1/2	NFORMANT :	nasi	Address	6 /	mid
110		1213-1	6-3069 //	144/11	aynor	LUVI	wa "	1/00
1 1	ATH [Enter only one co		a), (b), and (c).]	0. (	h - 6	0 \	ONSET A	BETWEEN ND DEATH
PARI I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o Letel	vax e	Lema	namo	-00		
1 334X	DUE TO		. 1				0	1
Conditions, if o		, U	rema				200	Law
gove rise to couse (o), stoling	the under- DUE TO	C. 1601	Slack all	him	Dan !			
lying cause last.	- , l		a way way to	IN TO	EUN M			10 11 70000
PART II. OT	HER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEASE	CONDITION GIVEN	YES	RECEMED?
20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of in	njury in Part I or Port	ll of item 1B )		
3 20c TIME OF INJU	RY Month, Day, Ye	ear 20d. INJURY C	OCCURRED 20e. PL	ACE OF INJURY (Ho	me, form,   20f. (City	or town)	(County)	(State)
ZOC TIME OF INJU	19	While N		ctory, street, office b			(220,)	,
"	hat I attended the			19 60	to Feb. 9.	19 60 <sub>the</sub>	at I last saw the	deceased
alive an	Feb. 9.		_, and that death					
A			_, and mar doan	. 00001100 0000		eet, city or town, stat		ATE GIGNED
ACTUAL SIGNATURE	It The	voves		м.D. 110	Clay St.,		9	40 60
PHYSICIAN'S NAME (Type)	. L. Richa	rdson		Anna	apolis, M	d.	,	
	ON, 22b. DATE THERE		NAME OF CEMETERY C	REREMATORY 1	224/ LOCATI	ON (City, lower or or	punty) D/	(ate)
73) FUNERAL DIRECTOR	R'S SIGNATURE	10091	DERESS	7 -12	40. REC'D BY REGISTR	AR 24b. REGISTRA	AR'S SIGNATURE	
11/1////	une Ko.	10 H 1	lanne	117/2/	ATESER 1.6 '60		02	



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physician.

pined by the DIRECTOR: /

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certificate physicu MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1532 CERTIFICATE OF DEATH

01515

		CERTIFICA	AIL OI DEAI		Reg. Dis	I. No.
COUNTY Q A	CO	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence.	e befare admission)
b. CITY OR TOWN (If outsid RURAL and give nearest to	Lending	c. LENGTH OF STAY IN 16	CITY OR TOWN (I		nits, write RURAL and g	ive nearest lawn)
d. NAME OF HOSP TAL (# n OR INSTITUTION	at in haspital, give street a	ddress)	d. STREET ADDRESS		71	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Richan	Middle E.	M. wellen	4. DATE OF DEATH	Month 7	Day Yeor 3, 1960
SEX 6. CC	OLOR OR RACE 7. MARRI	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AG		YEAR IF UNDER 24 HRS. Days Hours Min.
Oa. USUAL OCCUPATION (Giv during most of working life	e kind of work dane 10b. I , even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	te or fareign country)	I2, CITI	ZEN OF WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		( 077)
Richa	ed Him	Jullen	mary	H wa	llace	
S. WAS DECEASED EVER IN U Yes, no. or unknown) (If yes, or	S ARMED FORCES? 16 S	OCIAL SECURITY NO. 17.	INFORMANT	m	Address 70	a Al bounders
IB. CAUSE OF DEATH (E	S CAUSED BY	e far (a), (b), and (c) ]	bil of the	4	4-4	INTERVAL BETWEEN ONSET AND DEATH
237× IMME	DUE TO	DARRIUS ST	myma	7		
Candilions, if any, wh	ich ) (b)	Brain to	umor te	rhad	Cota	
gove rise to immedi cause (a), stating the und	ate					
lying couse last.	(c)					
3	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a ACCIDENT WAS UND OR CONTRIBUTING I CAN (IF EITHER, NOTIFY MEDIC	JSE OF DEATH I	RIBE HOW INJURY OCCURRE	D. (Enler nature of injury i	n Port I ar Port II af i	tem 18.)	
20c. TIME OF INJURY Man Haur a. m. p. m.	While	JURY OCCURRED 20e. PL Not while fo	ACE OF INJURY IHome, fa ictory, street, affice bldg., e	rm, 20f (City or lav	(C	ounty) (State)
21. I certify that I a	ittended the decease	d fram	TAL, WILL, 10th	tei ello-cos	., 19that I lo	ast saw the decease
alive an 2	4 , 196	and that death	occurred at 8			
ACTUAL /5.	+0 K 1. 0.	4.	p 4	ADDRESS (Street, c	ly or lown, slotely	DATE SIGNE
SIGNATURE	- The Mass	7~	M.D. XX	wen	ma	2.4.60
PHYSICIAN'S NAME (Type)	adling	comba-	Part Part	72	11.52	***
20. BURIAL, CREMATION, 225	DATE THEREOF	22c. NAME OF CEMETERY O	PR CREMATORY	22d. LOCATION (	City, tawn, ar county)	(State)
	7 - 0 - 5 - 1	「ついかま」		1 (1. T	1 1	7.7
). FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS		C'D BY REGISTRAR	246 REGISTRAR'S SIG	10
1,4, . 201	14111 21	1113 K 2504	DATE	LD I I OV	Circium d.	r biskeles

il Frentle Unite & cuts.

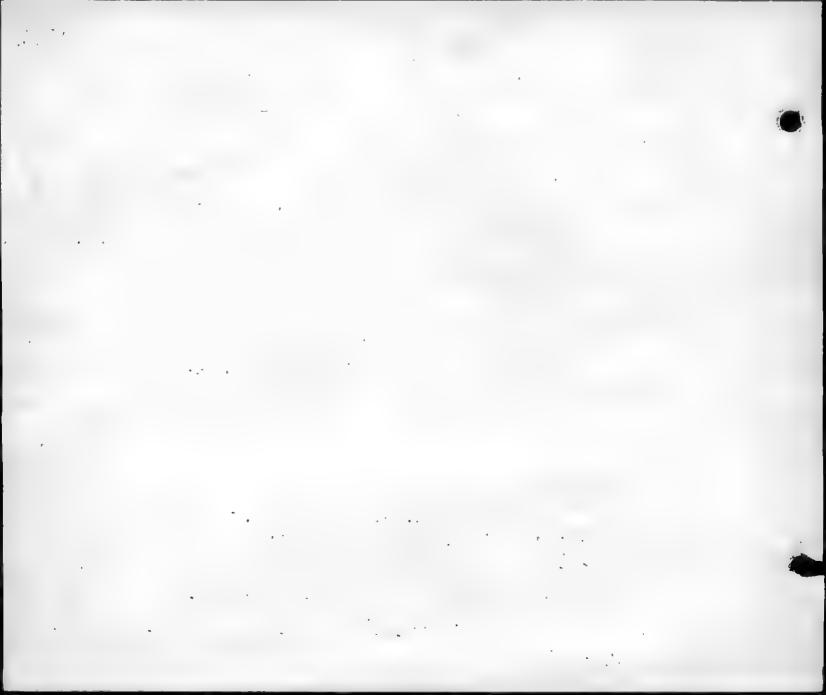
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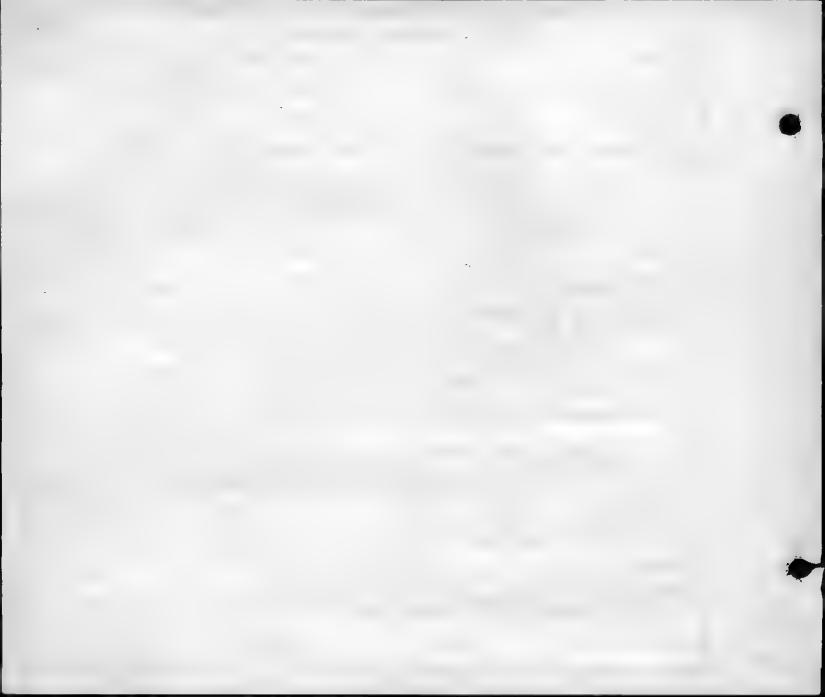
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01516





		MARTEAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ja .		1534 CERTIFICATE OF DEATH Reg. Dist. No.
* * * * * * * * * * * * * * * * * * *	1.	PLACE OF DEATH  O. COUNTY  ANNE ARUND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  O. STATE  MARYLAND  D. COUNTY  ANNE ARUNDO  MARYLAND
ould be filed		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town)  HANOVER  Md.  LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  HANOVER  Md.
d 2 show		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Ridge Rd.  C. IS RESIDENCE ON A FARM? YES \( \sum_{NO R} \)
les 1 on	3.	NAME OF DECEASED (Type or print) MADA W. PARKS  A. DATE Month Day Year OF DEATH FEB. 14, 19 6
rs. Pag	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
r death.	_	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. CITIZEN OF WHAT COUNTY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country)  13. CITIZEN OF WHAT COUNTY 13. BIRTHPLACE (State or foreign country)  14. BIRTHPLACE (State or foreign country)  15. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  16. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  17. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  18. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)  19. CITIZEN OF WHAT COUNTY 15. BIRTHPLACE (State or foreign country)
हें हैं		DALFUS H. Tessee Bellin Puckert
72 hours	15. (Yo	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT RIDGE Rd. Address MANOVCR.  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)  MB. Edgar L. Parks  Md.
en pleas		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARVILLE ARRIVEST  IMMEDIATE CAUSE (a) CARVILLE ARRIVEST  ONSET AND DEATH
nil. Th		Conditions, if any, which) (b) Ganeralized Tarcinomatoris 6 MC
asit per	Ļ	gove rise to immediate couse (a), stating the under lying couse lost.  DUE TO  (c) Ovarian Careinowa (Y)
naval, o	CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
o, af re		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
remation	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a. r. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 20d. INJURY (Bone, form, 20f. (City or lown) (County) (Stot foctory, street, office bidg., etc.)
ached fo		21. I certify that I attended the deceased from $4-18$ , $19.59$ , to $2-14$ , $1960$ that I last saw the decear alive an $2-12$ , $1960$ , and that death accurred at $12580$ M, from the causes and on the date stated about
ld be deto		ACTUAL SIGNATURE NO. ELLICOTT EXTY
shauld Jistrar pr		PHYSICIAN'S PETERV. THORPEMD Md. 2-15
page 1	L	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL (Specify) 2 /17/1960 LOUDEN PARK BALTO, Md. (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE FEB 1 6 '60  Cuthun 8. Kraus



oth: Page 4

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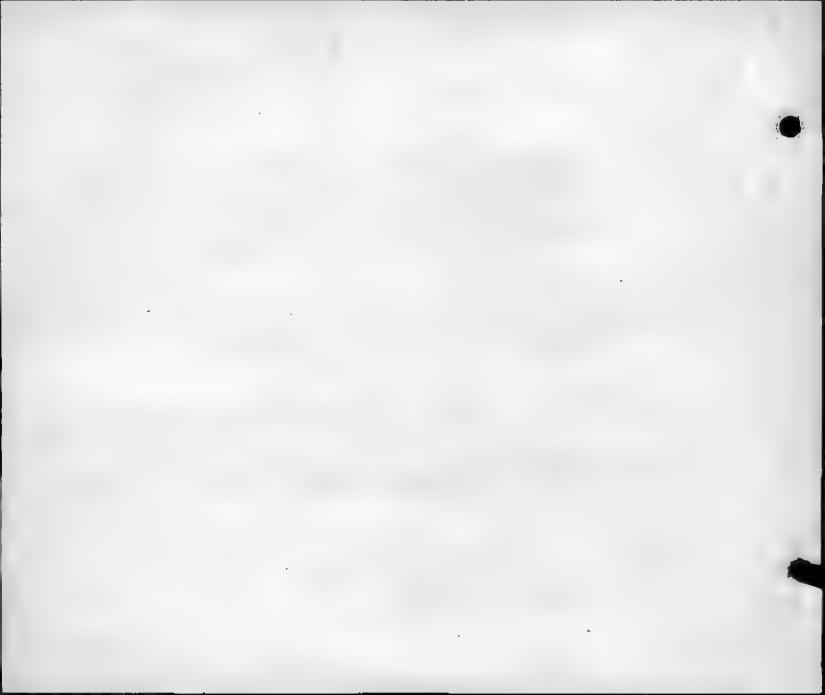
may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

MIENDING PHYSICIAN: The taw requires that the death contificate be executed within 24 Cours

TO HOSPITAL O VS A15 (4) 15M 10/57

	OEKIII (C)	AIL OI DEAII	Reg.	Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere decoased lived. If institution: Resid	dence before admission)
ANNE ARUNDEL	MARYLAND	o STATE Marylan	d Anne Aru	rado 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	1	utside corporate limits, write RURAL or	
CROWNSVILLE		X Crowns	ville	
d. NAME OF HOSPITAL (If not in haspital, give struck or INSTITUTION	eet address)	d. STREET ADDRESS	77.130	e. IS RESIDENCE ON A FARM?
River Road		River Road		YES ( NO T
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) GENEVIEVE	S I	PEDDICORD	DEATH FEBRUARY	22 19 60
5. SEX 6. COLOR OR RACE 7. M	ARRIED 📈 NEVER MARRIED 🔲	B DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS
	OWED DIVORCED	July 12, 1882	? 77 yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country] 12.	CITIZEN OF WHAT COUNTRY
House wife	own home	Emmitsbur	g, Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John M. Stouter		Sarah Ba	ker	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown]	16. SOCIAL SECURITY NO. 17. 1	INFORMANT	Address	
no no	Mr	s Esther E. F	'owler- Daughter-	Same as # 2
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).}			INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	9-terio scl.	erotic Hear	+ Pisacise	ONSET AND DEATH
420,0 DUE TO		4 1	1	
Conditions, if ony, which } (b)	eneralized	Arterio	aclanosia	104000
gave rise to immediate cause (o), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
ICAT				YES D NO
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)	
	I. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20c. Hour o. m. 19 of		ctory, street, office bldg., etc.		(coern)) (andic)
	- / :	·· / A · · · =	-	
21. I certify that I attended the dece		19 6 0, to	eb 23 , 1960, that	last saw the deceased
alive on 725 20 15	2.6.0., and that death		_M, from the causes and an	the date stated above DATE SIGNER
ACTUAL SI 9 1	henry that	( dree	tables (singer, city or town, store)	DATE SIGNED
SIGNATURE CAMPO / //	orrea)	M.D.	77/19	-43760
PHYSICIAN'S Edward Skerr	itt MD			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county	y) (State)
Burjal Feb. 26, 1960	St. Anthony	Cemetery	Emmitsburg, Mary	yland
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 REGISTRAR'S	SIGNATURE
Hopping Tunera Home	Annopolis, Ma	aryland DATE F	EB 2 9 '60 Chillie	i X. Firetta

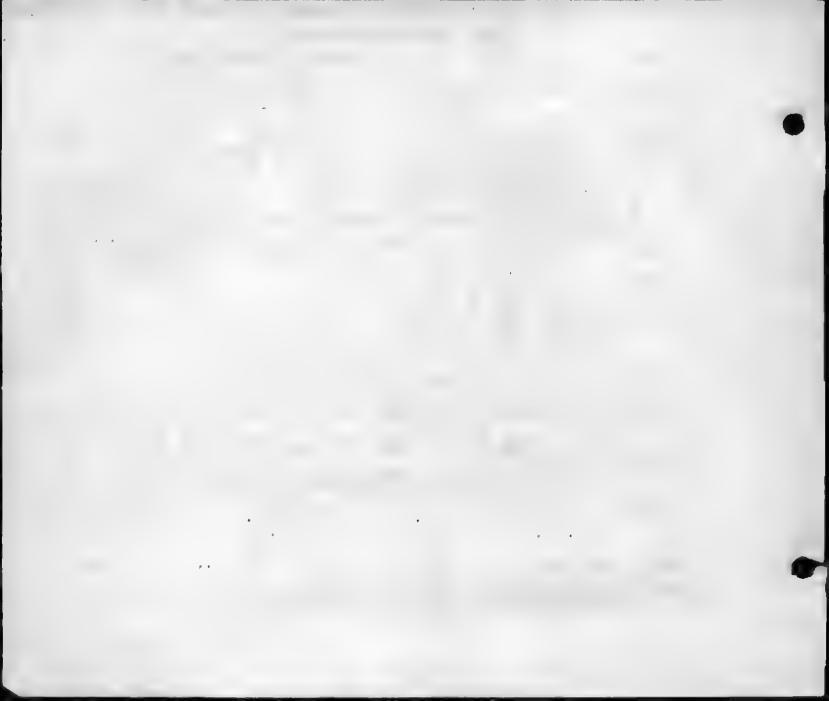


TO HOSPITAL INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours an expension.

VS A1S (4) 15M 9/55

		140	CERTIFIC.	Reg. Dist. No.						
1	1 PLACE OF DEATH 0. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence country Anne	before odmission) Arundel			
	b. CITY OR TOWN (II RURAL and give he Annap		c. LENGTH OF STAY IN 16		f outside corporate lin	nits, write RURAL ond giv	e nearest town)			
	OF INSTITUTION	AL (If not in hospitol, give street 1 General Hospi	· ·	/ d. STREET ADDRESS Steuart I	Level		IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	Russell <u>/</u>	-VANS	PHIPPS		Month February	24 1960			
	5 SEX Male	6. COLOR OR RACE 7. MARI	ED L DIVORCED	B. DATE OF BIRTH	PS 9. AG	E (In years birthdoy) Months D.				
)	OUNTY ROOM	/./ .	EN OF WHAT COUNTRY							
	PULY	S								
£	IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	18 240364	MRS.FL/2H	BETH E. HI	Address Swes, Chuve	chton And			
		ATH (Enter only one couse per linith WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	areland o	Infaces	kin	ONSTRAND DEATH			
	420.		J	` ·	V					
	gove rise to it couse (a), stating lying couse last.									
)	CATIC	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES TO			
	T. 1	AS UNDERLYING (1) 20b. DES (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	ED. (Enter nature of injury i	n Port I or Port II of i	tem 18 }				
	20c. TIME OF INJUR Hour a. m p. m.	Y Month, Day, Year 20d II While of wor	Not while for	LACE OF INJURY (Home, for poctory, street, office bldg , a	rm, 20f (City or tow stc.)	n) (Cod	uniy) (Slote)			
	21. I certify the	Feb. 24. 196		, 1960 , ta h occurred at 8:55						
	ACTUAL SIGNATURE	bellede	Sulm		ADDRESS (Street, ci	ity or town, state)	2/25/60			
		ichard N. Peel	er	Annapo	lis, Maryl	and				
	220. BURIAL, CREMATIO REMOVAL (Specify)		Wood Freld C	or crematory lemetery	TO LOCATION (	City, town, or county)	(Stole)			
	23 FUNERAL DIRECTOR'S SIGNATURE  73 FUNERAL DIRECTOR'S SIGNATURE  PATE FFB 2 9'60  Quilan & Trans									



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CY YO	dire	iles.	r prior t		
cay oe	funeral	Lyaur (	egistro	-	
1000	3 to the	Sined in	with the	Ī	)
5	2, and	y be rej	and 2		
STOCK WY	Poges 1,	ige 5 mc	bades		
W I DEFINE	Give	P.M.3. Pc	mit. File		
1920 1920	Item 18	th form	ansit per		
200	pencil in	iw gnote	burial-tra		
201071	ing" in	Office	ad os a		
יינים באלינייונים ווני לפוווונטים אומיים לפ פייפניים אוויינים לא אינים מוחים מיין ספום או	puad., p.	aminer's	old be us		
THE PERSON	the war	rdical Ex	ge 3 shoi		
	, writing	Chief Me	TOR: Poc		
	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reformed Paryaur files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the registrar prior to burial ear		
	de the ci	rwarded	FUNERA	гетама	
)	Ç	2	0	ō	

VS. A15ME(5)

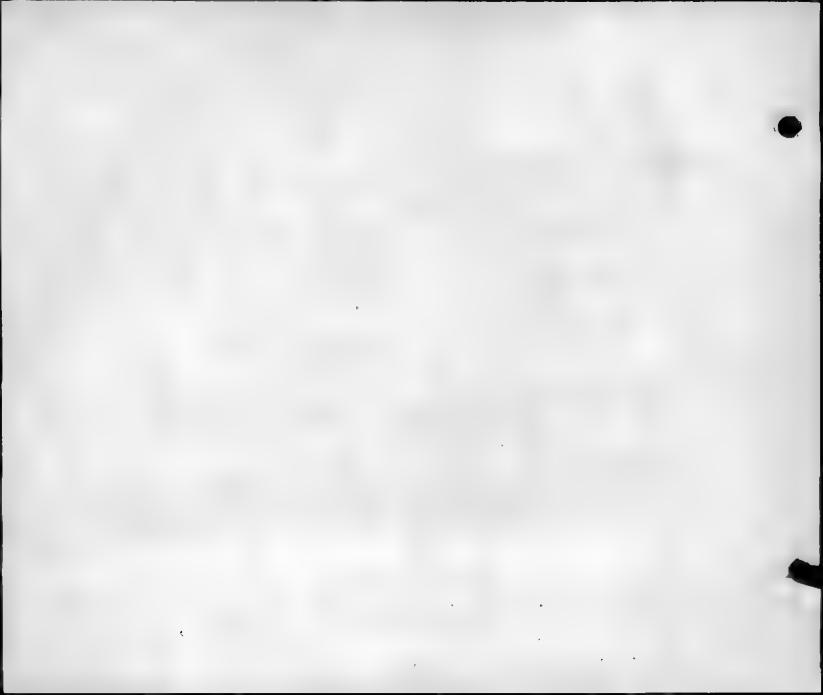
5M 9/55

				ENT OF HEALT		
PLACE OF DEATH O. COUNTY	e Arundel	1536	MARYLAND	2. USUAL RESIDENCE	Where decea	sed lived. If Institutions  b. COUNTY  Same
	(If outside corporate limits, write	RURAL C. 1	ENGTH OF STAY IN 16	Same	If autside cor	porate limits, write RUR
	PITAL OR INSTITUTION (II Route 1	not in hospital,	give street address)	d. STREET ADDRESS		
3. NAME OF DECEASED (Type or print)	Cora Columb		Middle nton	Lost	4. DATE OF DEATH	February
5. SEX	1 1	7. MARRIED A	NEVER MARRIED	8. DATE OF BIRTH 8/28/76		9. AGE (in years left lost birthday) Mg

Annapol

01521

	M	EDICA	L EXAMINE	R'S	CERTIFICAT	E OF DEAT	H Reg. Di		)	
	MACE OF DEATH  o. COUNTY  Anne Arundel	153	6 MARYU	AND	2. USUAL RESIDENCE (W		Institution: Reside	nce befo	re admission)	
	b. CITY OR TOWN (If outside corporate limits, we and give necess) town)	10 RURAL	c. LENGTH OF STAY IN	11Ь	e. CITY OR TOWN (IF	autside corporate limits.	write RURAL and	give ne	arest lown)	
-	Arnold.  NAME OF HOSPITAL OR INSTITUTION	(If not in ho	23 years spital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM2	
	Box 103 Route 1				/ Same				YES NO	
	OFCEASED (Type or print) Cora Colum				Lost	of DEATH Feb	Month ruary 3r	d.	19 60	
5.	SEX 6. COLOR OR RACE  W	7. MARRI WIDOWE	ED NEVER MARRIED		8/28/76	9. AGE (In y last birthda	.1		F UNDER 24 HRS. Hauns Min.	
10c	r. USUAL OCCUPATION (Give kind of work of working life, even it retired) HOUSE WIIE	done 10b. I	KIND OF BUSINESS OR IN	DUSTR	Y 11. BIRTHPLACE (State West Vir			ZEN OF	WHAT COUNTRY?	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
15	David Cunningham  WAS DECEASED EVER IN U. S. ARMED FO	PCES2 114	SOCIAL SECURITY NO.	17 IN	FORMANT	A.	dress			
(Ya	i. no. or unknown) (If yes, give war or dates o	service	None		s.Margaret F			n la	. (WI	
Z	18. CAUSE OF DEATH [Enter only one control of the c	Gen	Acute virus	scl	erosis	NAI DISFASE CONDITIO	N GIVEN IN PAR	ONSET	ALBETYREN AND DEATH  24. hrs.	
CERTIFICATION					ter nature of injury in Part				PERFORMED?	
	PRIMARY   or CONTRIBUTING	VO. DESCRIB	E NOW HOOK! OCCORR	en. (en	ner notors or injury in Pari	I or Fort 11 or Hem 15.)				
MEDICAL	20c, TIME OF INJURY Month, Day, Yo Hour a. m. p. m. 19	White		PLAC	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City or town)	(Cav	nty)	(State)	
	21. I certify that I took chorg	of the	remoins described	obov	e, held an Autops	, Inspection	[], Inquir	у 🗓,	and find that	
	deoth resulted from: Notural causes v. Accident , Suicide , Homicide , Undetermined cause .  ACTUAL RELIGIONAL HER SIGNED  M.D. CHIEF MEDICAL EXAMINER DATE SIGNED									
	EXAMINER'S NAME (Type) Gustave H.	Faube	rt,M.D.		DEPUTY MEDICAL E	_	2/4/60			
220	BURIAL CREMATION, 226. DATE THERE		22c. NAME OF CEMETER Glen Haven			22d LOCATION (City, a Glen Burnie		nd	(State)	
23	HODDENE TURNEL HE	1	ADDRESS Annapolis, M	arv		BY REGISTRAR 246.	REGISTRAR'S SIG	NATURE		



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VS A15 (4)



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1484 CERTIFICATE OF DEATH

Reg. Dist. No. 01524

	PLACE OF DEATH O COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COLINTY
	LE CL MARYLAND	o. STATE Md. b. COUNTY () ()
	b. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)	c. CDF OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL IT not in hospital, gave street address) OR HIST TUTION The Cherry From Cive	4 Street ADDRESS Prove Que Con A FARMY YES NO NO
	3. NAME OF DECEASED (Type or print)	Coveras Death 2 20 1960
	5. SEX 6 COLOROR RACE 7. MARRIED NEVER MARRIED 1	BADATE OF BIRTH 1 2 1898 P. AGE (In years IF UNDER I YEAR) IF UNDER 24 HIS. In birthday)  When 212 1898 P. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HIS.  When the second secon
	10a USUAL OCCUPATION (Give kind of wark done flughing most of warking life, even if retired)  Home	17 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME	14. MOZHER'S MAIDEN NAME
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) (If yes, give wor or dates of service)	Frank J. Parvelings (2)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sucart Elarcinoma Interval Between ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	tori 4yr.
	cause (a), staling the under:   lying cause tast.   (c)	
)	CCATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Part t or Part II of item 18.)
	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Adur a. m. 19 While Nat while at work of work	LACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State) actory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from Difference	1978, to 2 - 20-, 1900, that I last saw the deceased
	alive an 19 and that deat	h accurred at
	ACTUAL Frank Mallinghley	MO 12/00ttadulft 2.22.60
	PHYSICIAN'S Francis MA Shiftey	annefola, myl.
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY.  12 BUNIAR OF CEMETERY.  27 BUNIAR DIRECTOR'S STONATURE / ABDRESS	OR CREMATORY  22d JOCATION (City, town, or county)  (State)  1 240. REC'D BY REGISTRAR 24M. REGISTRAR'S SIGNAFURE
	John M. Verylu Surs Chmops	DATE FEB 2 4 60

22c. NAME OF CEMETERY OR CREMATORY

Cedar Hill

S. H. Hines Co. Washington, D. C.

Cometery

22d. LOCATION (City, lawn, or county)

Georges

24b REGISTRAR'S SIGNATURE

arthur & Thous

Co

Prince

24g, REC'D BY REGISTRAR

DATE FEB 1 9 '60

page 0 VS A15 (4) 15M 9/SB

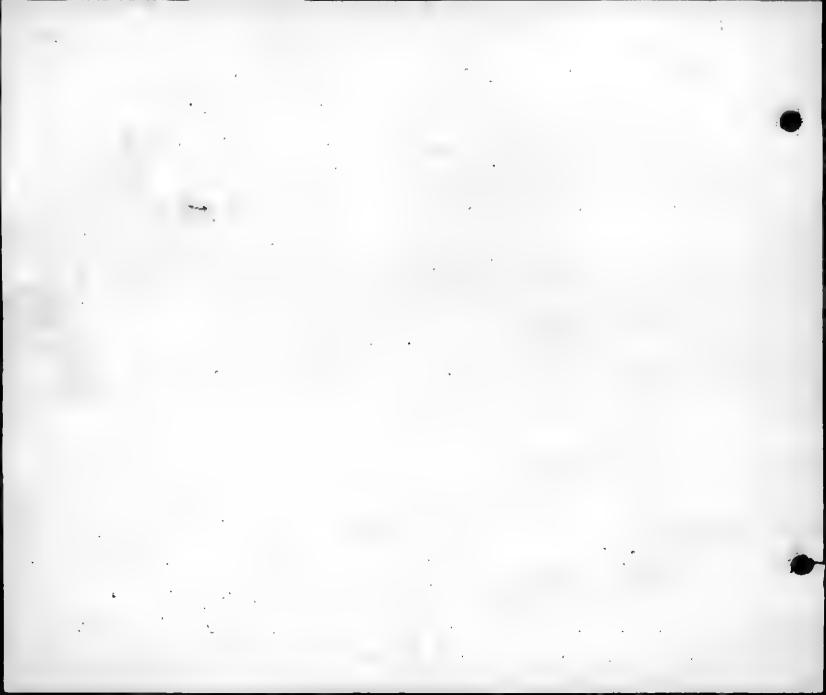
22d. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Buria]





Capt., MSC, USAH FtGGM

240. REC'D BY REGISTRAR EB 2 5 '60

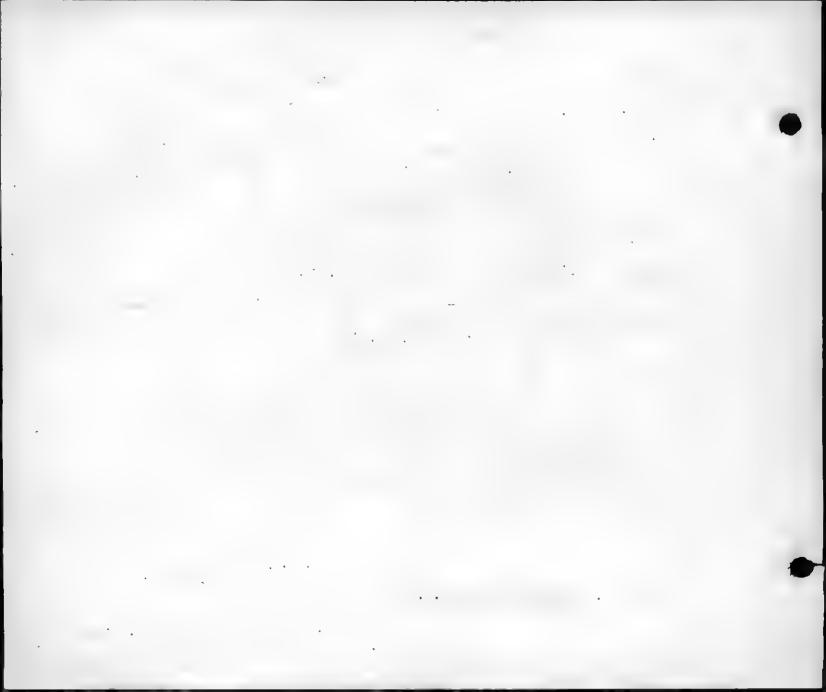
24b. REGISTRAR'S SIGNATURE

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VS A15 (4)

15M 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



1541 CERTIFICATE OF DEATH

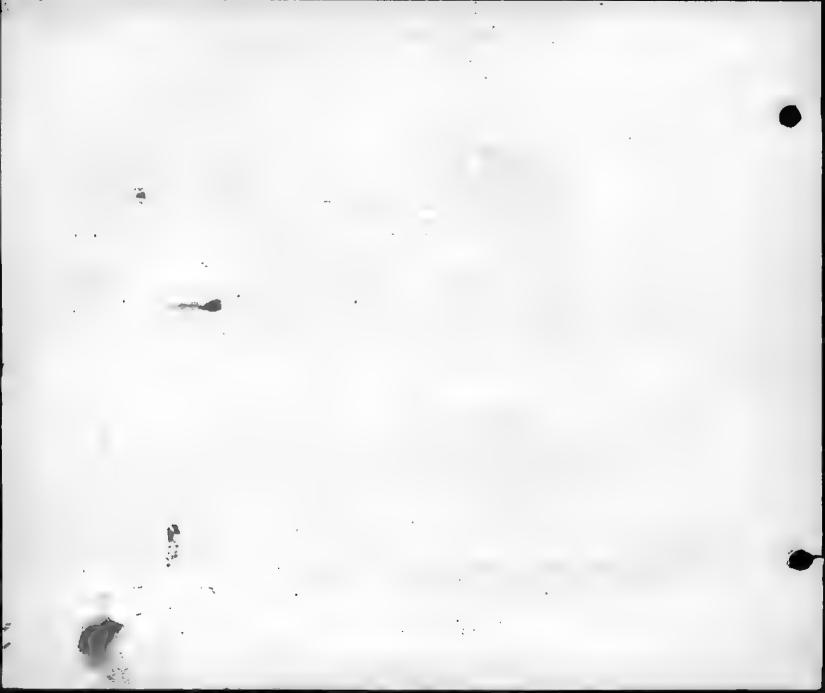
	-011			Reg. Dist. No.
1. PLACE OF DEATH COUNTY Anne Arundel	MARYLAN	O STATE Did a south	nere deceased lived If institution: and b. COUNTY	Residence before admission)
b. CITY OR TOWN (If autside carporate limits RURAL and eive negrest town)	c. LENGTH OF STAY IN 11 3 months	Baltinos	putside carporate limits, write RUR ne 23	AL and give nearest town) - 3 V 0 1 4
d. NAME OF HOSPITAL (If not in hospital, giror INSTITUTION IT AND PARTY	restreet address)	d STREET ADDRESS	Mulhorry Bt	ON A FARM?.
3. NAME OF First DECEASED (Type or print) Jani	e Small Middle	ios)	4. DATE OF Februar	y 25 Day Year 50
L'arala Marga	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-20-1500		FUNDER 1 YEAR IF UNDER 24 HRS Wanths Days Haurs Min.
100 USUAL OCCUPATION (Give kind of work do during most as working life, even if retired) HOLSEWILLE	one 10b. KIND OF BUSINESS OR IN	DUSTRY II BIRTHPLACE (State	ar foreign country)	U. D.A.
George Shanks		Janie When	WAME eler	
15 WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no oper unknown) [If yes, give war or dates of ser		INFORMANT Mrs. Blancie	Branford 100	7 .I. Torryst
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  422. DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last.  PART II. OTHER SIGNIFICANT COND  OR CONTRIBUTING CAUSE OF DEATH	THONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM		
OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19	20d. INJURY OCCURRED 20e. While Nat while of work at work	PLACE OF INJURY (Hame, form factory, street, affice bldg , etc	, 20f. (City or tawn)	(County) (State)
21. I certify that I attended the alive an Feb. C  ACTUAL SIGNATURE M. PHYSICIAN'S NAME (Type)  220 OURIAL CREMATURY 226. DATE THEREOF REMOVAL ISOPORTH 2	Jair. b°D.		L 4	an the date stated above DATE SIGNED  Frie 27,196  B 1 10 . 77 Md.
23 FUNERACOIRECTOR'S SIGNATURE	Pu 512 Can	Weller DATE FE		RAR'S SIGNATURE

TO FUNERAL DIRECTOR has been provided by the attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with page 3 should be detached far use as the burial-transit permit.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR VS A15 (4) 15M 9/5B



2.6. REGISTRAR'S SIGNATURE

arthur & Kraus

24a, REC'D BY REGISTRAR

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY a. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 200 O'Eerry Court YES NO Anne Arundel General Hospital NAME OF 4. DATE Middle Month Yeo DECEASED SMITH DEATH (Type or print) Charles February 15. 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH last birthdoy) Months DIVORCED | Male Negro WIDOWED'\\\ Qua. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. Address WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b)/ond (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW 20a, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from Dec. 5. and that death accurred at 5:04PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) **ACTUAL**SIGNATURE 44 Southgate PHYSICIAN'S Annapolis, Md. Albert L. Anderson 220. BUR AL CREMATION, 226, DATE THEREOF 23d LOCATION (City, town, or equally) 22c. NAME OF CEMETERY OR CREMATORY (State)

ADDRESS

funerol 3 ploods 24 puo c Filled papers. campl death. puo pou after 9 physicion HOVE ottending Ď. ģ been signed Per puo attending physicion. buriol-tronsit cmtifino. ö After this by the hospitol toched moy be retained by the TE FUNIRAL EIRECTER: page 3 should be detacl prior

be executed

certificate

deoth o

The low requires that

I director,

VS A1S (4) 15M 9/5B

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE



Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)

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Ε

be executed

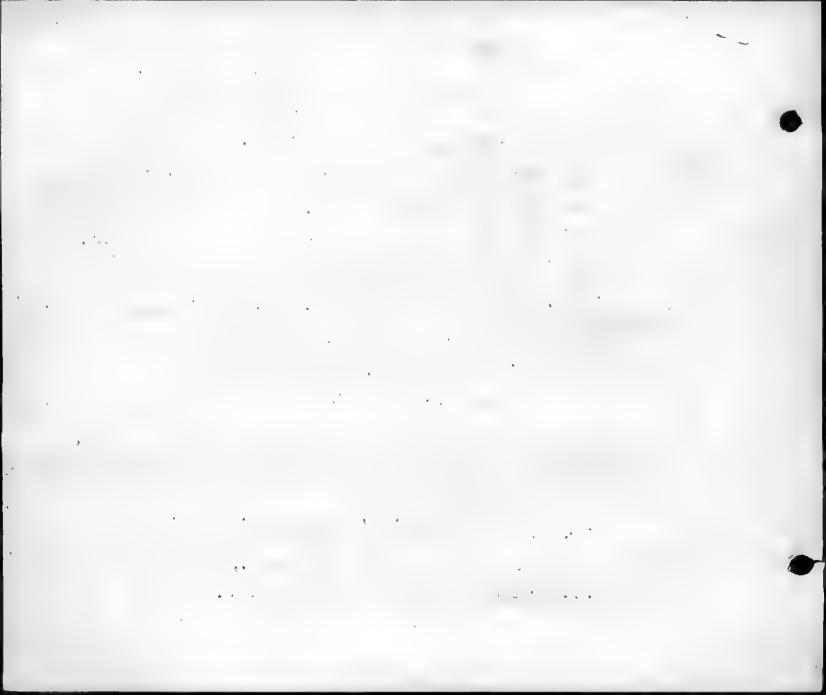
PLACE OF DEATH

o. COUNTY

Filled 1 physicic attending te has been signed burial-transit permi certificate

physician. pined by the I shauld FUNERAL F 0 VS A15 (4) 15M 9/58

b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b CITY OR TOWN (If outside carporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Annapôlis Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 88 Clay St. Anne Arundel General Hospital YES NO TO NAME OF Middle 4. DATE Month Last Year DECEASED Walter SMITH DEATH February (Type or print) 1960 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Male Negro DIVORCED | WIDOWED [7] 68 July 8, 1891 10a. USHAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? daring most saf working life, even if retired) U.S. Maryland 13. FATRER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN IB. CAUSE OF DEATH [Enter only one cause per line-for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 18.) WEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o m Nat while ot wark ot wark 21. I certify that 1 attended the deceased from Feb. 13. 19.60, ta Feb. 19. 19.60 that 1 last saw the deceased \_\_\_, and that death occurred at 7:254 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** 110 Clay St. SIGNATURE PHYSICIAN'S R. L. Richadson Annapolis, Md. NAME (Type) 22a. BURIAL, CREMAT ON, 22b. DATE THEREOF 22d LOCATION (City, lawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24b. KEGISTRAR'S SIGNATURE 22.-FÜNERAL DIRECTOR'S SIGNATURE ADDRES'S 24a REC'D BY REGISTRAR arihur S. Frank DATE FFR 2 5 '60



VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1542 CERTIFICATE OF DEATH

8 ()1532 Reg. Dist. No. 27

Anne Arundel  Maryland  Anne Arundel  Maryland  Anne Arundel  Maryland  Anne Arundel  Maryland  Anne Arundel  Anne Arundel  Anne Arundel  Court George C. Meade  1 Week  Clen Burnie  J. STREET ADDRESS  OR INTERNATION  U. S. Army Hospital  CARL  H. STEWART  DOANE OF BOSITIAL (If not in bospitol, give street oddress)  U. S. Army Hospital  CARL  H. STEWART  DOANE OF BOSITIAL (If not in bospitol, give street oddress)  OR INTERNATION  U. S. Army Hospital  SEX  GOLOG OR RACE  ANAREDED  NOTE:  Moddle  List  GOLOG OR RACE  ANAREDED  NOTE:  Moddle  List  GOLOG OR RACE  ANARED  NOTE:  NOTE:  SEX  GOLOG OR RACE  ANARED  NOTE:  Moddle  List  GOLOG OR RACE  ANARED  NOTE:  Moddle  List  GOLOG OR RACE  ANARED  NOTE:  Models  DOY  Year  100  USLAL OCCUPATION (Give bind of work does)  Models of work does)  Note:  Models of work does)  Reference  Note:  SOUTH Garolina  122 CITIZEN OF WHAT COUNTER'  SON (Carl H. Stewart, Jr)  Baltimore  Magny Elizabeth Ross  NOTE:	1.	PLACE OF DEATH g. COUNTY					USUAL RESIDENCE (WI	here decease			nce befo	re admiss	ion) ,
RURAL and give necest from)  PORT GOORDE G. Meade  d. NAME OF HOSPITAL (If not in hospital)  J. S. ATTEN HOSPITAL  J. DATE OF BIRTH  J. DATE OF WHAT COUNTRY  J. DATE OF BIRTH			Anne Arund	el	MARYLAND						del		
d. NAME OF HOSPITAL (If nor 'n hospital gives street address)  OR INSTITUTION  U. S. ATMY Hospital  3 NAME OF HOSPITAL (If nor 'n hospital gives street address)  OR INSTITUTION  U. S. ATMY Hospital  3 NAME OF HOSPITAL (If nor 'n hospital gives street address)  OR INSTITUTION  U. S. ATMY Hospital  3 NAME OF HOSPITAL (If nor 'n hospital gives street address)  OR INSTITUTION  U. S. ATMY Hospital  3 NAME OF HOSPITAL (If nor 'n hospital gives street address)  OR INSTITUTION  (I. S. ATMY Hospital  OR INTERVAL FOR STREET ADDRESS  OR ATAMY STREET ADDRESS  OR ATAMY HOSPITAL  I. S. ATMY Hospital  OR ATMY Hospital  OR ATMY Hospital  OR ATMY For Interval For		b CITY OR TOWN (IF RURAL and give nee	outside carporate limi	ts, write	c LENGTH OF STAY IN 16	1	c. CITY OR TOWN (IF	outside corpo	rate limits, write	RURAL ond	g ve nec	rest fowr	1)
OR INSTITUTION  U. S. ATEMY Hospital  2501 Dorsey Road  VES NO   ON A FAMORY DECASED  (Type or print)  5 SEX  6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   10. Mind   10. Mind	L							nie					
S. AFMY Hospital   2501 Dorsey Road   YES   NO		d. NAME OF HOSPITA	L (If nat in hospitol, g	ive street	address)							o 15 RES	IDENCE FARM?
CARL   H.   STEWART   DEATH   February   19 60	L		my Hospita	1			2501 Dor	sey Ro	ad				
CARL   H.   STEWART   DEATH   February   19 60	3	NAME OF DECEASED			Middle		Last	4 DATE	N	Nonth	Da	у	Year
Male Can WIDOWED DIVORCED 9 Peb 1891 68 Will Months Doys Hours Min Usual Occupation (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12 CTIZEN OF WHAT COUNTRY RECORDS 12 COUNTRY 13. Address of the case of t	L		CA	RL	H.		STEWART		F	ebruar	v Z	)	19 60
Male Gau WIDOWED DIVORED 9 Feb 1891 68 yn 12 CTIZEN OF WHAT COUNTRY OUT OF THE PROPERTY OF THE	5	SEX	6 COLOR OR RACE	7. MARI	RIED 🗵 NEVER MARRIED 🗌	8. D	ATE OF BIRTH		9. AGE (In year				
South Carolina   USA		_Male_	Cau	WIDOW	ED DIVORCED	9	Feb 1891				Doys	Hours	PAIR
Retired  3. FATHER'S NAME  Alfred M. Stewart  15. WAS DECEASED PER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO  INFORMANT  Addrew 12 Evesham Ave  WW I  16. CAUSE OF DEATH [Enter only one cause per line for (o) (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Acute Myocardial Infarction  Acute Myocardial Infarction  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITION G	10	during most of works	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12 C1	IZEN OF	WHATC	OUNTRY
Alfred M. Stewart    14. Mother's Maiden Name   Mary Flizabeth Ross     15. WAS DECASEDEVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO   INFORMANT   Mary Flizabeth Ross     16. WAS DECASEDEVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO   INFORMANT   Addres 612 Evesham Ave     17. WW I   APPLICATE SON (Carl H, Stewart, Jr)   Baltimore, Md.     18. CAUSE OF DEATH [Enier only one cause per line for (6) (b) ond (c).]     19. PART I. DEATH WAS CAUSED BY:   ONSET AND DEATH   DEATH WAS CAUSED BY:   ONSET AND DEATH     19. Cause of seath (b)   Arteriosclerotic   S. Years     19. Cause of seath (b)   Arteriosclerotic   S. Years     19. Cause of seath (c)   Information   S. Years     19. Cause of seath (in the under lying couse last.   (c)     19. Was Autophy PERFORMED?   YES   NO     19. Was Autophy PERFORMED?   YES				,			South Ca	rolins			TISA		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO   INFORMANT   Addres 612 Evesham Ave   Yes   Yes pive were or odder of war (a)   28-22-0525   Son (Carl H, Stewart, Jr)   Baltimore, Md.   INTERNAL SETIMENT   MAS DECEASED FY:   INTERNAL SETIMENT   MAS DECEASED FY:   INTERNAL SETIMENT   MAS CAUSE DE Y:   INTERNAL SETIMENT   MAS CAUSE DEY:   Acute Myocardial Infarction   2 Weeks   Due to   Conditions, if only which gove rise to immediate   Due to   Conditions, if only which gove rise to immediate   Due to   (c)   Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED?   YES   NO   DESCRIBE HOW INJURY OCCURRED   Contributing To Death But not related to the terminal Disease Condition Given In Part I or Port I of item 18   Country   Mass autopsy Performance   Country   C	13	FATHER'S NAME				1.							
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16 SOCIAL SECURITY NO   INFORMANT   Addres 612 Evesham Ave   Yes   Yes pive were or odder of war (a)   28-22-0525   Son (Carl H, Stewart, Jr)   Baltimore, Md.   INTERNAL SETIMENT   MAS DECEASED FY:   INTERNAL SETIMENT   MAS DECEASED FY:   INTERNAL SETIMENT   MAS CAUSE DE Y:   INTERNAL SETIMENT   MAS CAUSE DEY:   Acute Myocardial Infarction   2 Weeks   Due to   Conditions, if only which gove rise to immediate   Due to   Conditions, if only which gove rise to immediate   Due to   (c)   Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED?   YES   NO   DESCRIBE HOW INJURY OCCURRED   Contributing To Death But not related to the terminal Disease Condition Given In Part I or Port I of item 18   Country   Mass autopsy Performance   Country   C		Menad	M Charren	o-do			Manus Told		D				
Yes WWI 28-22-0525 Son (Carl H, Stewart, Jr) Baltimore, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (o) (b) and (c).]  PART I. DEATH WAS CAUSED BY:  MINTERVAL BETWEEN ONSET AND DEATH  2 Weeks  DUE TO  Condit ons, if any which gave rise to immediate cause (c). Stating the under- lying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO  200 ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO  200 ACCIDENT WAS UNDERLYING CONSECUENCED (Enter nature of in cry in Part 1 or Port 1 of item 18.)  200 TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in cry in Part 1 or Port 1 of item 18.)  200 TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in cry in Part 1 or Port 1 of item 18.)  21. I certify that I attended the deceased from 1 February, 1960, to 2 February, 1960, that I last saw the deceased alive an 2 February 1960, and that death accurred at 5:45 M, from the causes and an the date stated above ADDRESS (Street, city ar town, stote)  DATE SIGNED  ACTUAL	15				SOCIAL SECURITY NO	INFO	RMANT	zapetr	ROSS	ddress( 4 🔿	There	- la	A
18. CAUSE OF DEATH [Enter only one cause per line for (o) (b) ond (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only which gave rise to immediate cause (o), stating the under lying couse last.  (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF THE TERMINAL D SEASE CONDITION G VEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF THE TERMINAL D SEASE CONDITION OF TH		es, no or unknown) (f	f yes, give wor or dates of s	erv ce)				A					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Acute Myocardial Infarction  Conditions, if only which gove rise to immediate couse (o), stating the under- lying couse lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO  200 ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO  200 ACCIDENT WAS UNDERLYING NOTIFY MEDICAL EXAMINER)  200 TIME OF INJURY Month, Doy, Year Hour a.m. 19 While Not while p.m. 19 ON While Not while p.m. 19 ON While Not while p.m. 19 ON While Not while power is to immediate Country (Enter noture of in ury in Part 1 or Port 1 of item 18)  21. I certify that I attended the deceased from 1 February, 1960, to 2 February, 1960, that I last saw the deceased alive an 2 February 1960, and that death accurred at 6:45M, from the causes and an the date stated above ADDRESS (Street, city ar town, stote)  ACTUAL  ONSET AND DEATH 2 Weeks  Support Note 1 Support 1 or Port 1 of item 18)  ONSET AND DEATH 2 Weeks  DATE SIGNED  ACTUAL	=					oon	Juani H. S	tewart	Jr)	Bali			
DUE TO  Conditions, if ony which gover rise to immediate couse (a), stating the under lying couse last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DECOMPTION OF CONTRIBUTING CONTRIBUTIONS CO				iuse per lii	ne for (o) (b) and (c).]								
Conditions, if ony which gave rise to immediate couse (a), stating the underlying couse last.  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (a)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (b)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONTRIBUTING TO THE TERMINAL D SEASE CONDITION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONTRIBUTION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONTRIBUTION G VEN IN PART I (c)  PART II OTHER SIGNIFICANT CONTRIBUTION G VEN IN		PARI I, DEAI	IMMEDIATE CAUSE (o	A	cute Myocardia	11	Infarction				- 6	wee	ks
Candit ons, if ony which gave rise to immediate couse (o), stating the under-lying couse last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D SEASE CONDITION G VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  OR. CONTRIBUTION OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Factory, sireel, office bldg, etc.)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D SEASE CONDITION G VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Enter nature of in ury in Part I or Port I of item 18)  20c. TIME OF INJURY MONTH I last saw the deceased alive an 2 February 1960, that I last saw the deceased alive an 2 February 1960, that I last saw the deceased alive an 2 February 1960, that I last saw the deceased alive an 2 February 1960, that I last saw the deceased alive an 2 February 1960, that I alive and I last saw the deceased alive an 2 February 1960, that I alive and I last saw the deceased alive an 2 February 1960, that I last saw the deceased alive an 2 February 1960, t		420.1	DUE TO										
DUE TO    Jying couse last.   Part    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO    200 ACCIDENT WAS UNDERLYING    20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part 1 or Port 1 of item 18)  OR CONTRIBUTING    CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Foctory, street, office bldg, etc.)    19	П	1 /	y which ) th	. A:	rterioscleroti	C					2	ves	re
Part   Other significant conditions contributing to death but not related to the terminal disease condition given in Part   (e)   19. Was autoPsy Performed? Yes   200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part   or Port   of item 18 )   200 OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINE)   200 INJURY OCCURRED   200 PLACE OF INJURY (Home Form, P. m.   19   Of work   o			mediate (										<del></del>
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part 1 or Port 1 of item 18)  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 TIME OF INJURY Month, Doy, Year 201 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  202 TIME OF INJURY Month, Doy, Year 201 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  203 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  204 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  205 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  206 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  207 To Port 1 of item 18)  208 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  209 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  200 TIME OF INJURY Month, Doy, Year 204 INJURY OCCURRED While of work of other part 1 or Port 1 of item 18)  201 TIME OF INJURY MONTH, DOY, Year 204 INJURY OCCURRED WHILE OF INJURY (Home Farm, 201 (City or town) (County) (State)  202 TIME OF INJURY MONTH, DOY, Year 204 INJURY OCCURRED WHILE OF INJURY (Home Farm, 201 (City or town) (County) (State)  203 TIME OF INJURY MONTH, DOY, YEAR 204 INJURY OCCURRED WHILE OF INJURY (Home Farm, 201 (City or town) (County) (State)  204 TIME OF INJURY MONTH, DOY, YEAR 204 INJURY OCCURRED WHILE OF INJURY (Home Farm, 201 (City or town) (County) (County) (State)  205 TIME OF INJURY MONTH (INJURY OCCURRED WHILE OF INJURY (Home Farm, 201 (City or Town) (County) (County) (County) (County) (County) (County) (Co		lying couse last.	ne <u>under-</u>										
20c. TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED While of work 19 Not while of work 19 Not while of work 19 Not work 1	Z				ONTRIBUTING TO DEATH BU	/T NO	T RELATED TO THE TERM	INAL D SEAS	E CONDITION (	G VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
20c. TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED While of work 19 Not while of work 19 Not while of work 19 Not work 1	18										(-)	PERFO	RMED?
20c. TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED While of work 19 Not while of work 19 Not while of work 19 Not work 1	Ü	200 ACCIDENT MAS	LINIBERIANIC E	20h DES	CRISE HOW INTERVOCATION	OFF (F	inter- continue of the continu	Rest Car Pag	e 1 of Seas 19 \			LES DA	NO L
21. I certify that I attended the deceased from 1 February, 1960, to 2 February, 1960, that I last saw the deceased alive an 2 February 1960, and that death accurred at 6:45M, from the causes and an the date stated above ADDRESS (Street, city ar town, state)  ACTUAL  ACTUAL			☐ CAUSE OF DEATH	200, 053	CRISE HOW INJURY OCCUR	KED (E	inter noture or in dry in	rair i oi roi	i i oi tiem io y				
21. I certify that I attended the deceased from 1 February, 1960, to 2 February, 1960, that I last saw the deceased alive an 2 February 1960, and that death accurred at 6:45M, from the causes and an the date stated above ADDRESS (Street, city ar town, stote)  ACTUAL  ACTUAL	3	20c. TIME OF INJURY	Month, Doy, Ye	or 20d II					r or town)		(County)		(State)
21. I certify that I attended the deceased from 1 February, 1960, to 2 February, 1960, that I last saw the deceased alive an 2 February 1960, and that death accurred at 6:45M, from the causes and an the date stated above ADDRESS (Street, city ar town, stote)  ACTUAL  ACTUAL	9	Hour a.m.	19		- LAOI MILLIA	гостогу	, street, office blog , eld	c.)					
alive an 2 Fe bruary , 19 60 , and that death accurred at 6:450M, from the causes and an the date stated above  ADDRESS (Street, city ar town, state)  DATE SIGNED  ACTUAL	^						60 0	77 - 1		0			
ACTUAL ADDRESS (Street, city ar town, stote)  DATE SIGNED  2 Pala 6						-			-				
ACTUAL THE STATE OF THE STATE O		alive on 2.F	ebruary	, 19_(	20, and that deal	th ac					e date		
			16	7//	///			ADDRESS (S	treet, city ar tow	vn, stote)		DAT	E SIGNED
			Ton I	10	essel_	_ M.D.						2 F	'eb 6
	1		· ·										
NAME (Type) LEON E. KASSEL, MD US Army Hospital, Fort Geo G. Meade, Md		NAME (Type)	EON E. KAS	SEL,	MD	_	US Army H	ospita	1, Fort	_Geo_G	Me	ade,	Md
22a. BURIAL, CREMATION   22b. DATE THEREOF   22c. NAME OF CEMETERY-ORTCREMATORY   22d. LOCATION (City, lown, or county) (State)	22		226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CR							
Removal (Specify) 5 feb. 1960 Balto- Plat I. Com. Ballo -, 9/1 d.			5 feb. 13	960		11 /	7	13a	llo	9/11			
23. FUNERAL DIRECTOR'S SIGNATURE 240 REGISTRAR 246 REGISTRAR'S SIGNATURE	23		SIGNATURE	. 7 /	17			D 8Y REGIST	RAR 24b RE	GISTRAR'S S	IGNATUI	RE	
P. Y. Singteton Slaw Buris, 911. DATE FEB 4 '60 0-11-04		P. V. Dur	gleton	SI	En/Burio, 6	3/1	_	an in the					



5.	MARYLAND STATE DEPARTM	AENT OF HEALTH—BALTIMORE, 18					
Engl.	1487 CERTIFICA	ATE OF DEATH Reg. Dist. No	0153				
(M)	1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY  Many and Anne Arundel					
old be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown  Annapolis					
and 2 sho	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Anne Arundel General Hospital.	/ d. STREET ADDRESS  10 Bancroft Avenue					
-	3. NAME OF First Middle (Type or print) Minne Gertrude	Taylor Jearn February 18	y Yeor				
Pages .	s sex 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	8 DATE OF BIRTH  9. AGE (in years IF UNDER 1 YEAR lost birthday)  Months Doys	Hours 1				
papers.	100 USUAL OCCUPATION (Give kind of work done of the control of the	ADITE IA OF					
	13. FATHER'S NAME Henry Singleton Taylor	14. MOTHER'S MAIDEN NAME Dorcas Adelia Taylor					
72 how	(Yes the or stakeown) . (If was nive work or delay of survival)	Taylor Montgomery Bay Ridge Md.					
pleas	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:	ON!	ERVAL BETW				

e. IS RESIDENCE ON A FARM? YES NO W Day Year 18 19 60 NDER 1 YEAR IF UNDER 24 HRS 2. CITIZEN OF WHAT COUNTRY? U.S. Md. ze INTERVAL BETWEEN ONSET AND DEATH 30 da **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES THE NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home form, 20f. (City or town) Doy. Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0. m. Not while of work Feb. 17. 1960, that I last saw the deceased Dec. 22. 21. I certify that I attended the deceased fram\_ \_, and that death accurred at 5:35AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL 121 Cathedral St. SIGNATURE PHYSICIAN'S NAME (Type) Dr. John Hedeman Cathedral St., Annapolis, Md. 220 BUR AL, CREMATION, Burial (Specify) 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 2/21/60 Short Hill Cemetery Virginia Short Hill 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEFEB 2 3 60 F. Gasch's Sons Hyattsville, Maryland. Calun S. Kraels

VS A1S (4) 1SM 9/S8



1489 CERTIFICATE OF DEATH

L				-r 3	CERT	IFICA	AIE C	OF DEAT	п			Reg. Dist.	No.	
	PLACE OF DEATH a. COUNTY	Anne	Arun	iel	MAR	YLAND	2 USUA o STA	ATE Maryla			If institution b. COUNTY	Residence		_
	b CITY OR TOWN ( RURAL ond give n Annapo	LIS			c. LENGTH OF STA	Y IN 1b	c. CI1	or town (IF		porate li	mits, write RU	RAL and give	nearest t	lawn)
	d. NAME OF HOSPI OR INSTITUTION	_	_				123	Prince	Georg	te Si	t.,			RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	1	Sadie	rst	Middl	e	T	Losi AYLOR	4. DATE OF DEAT	Н	Month		Day 7	Year 19 60
1	sex <b>Female</b>	Whi		WIDOWE		ED 🔲		ber 6, 1	L886	104	t birthday) 73 yrs.	F UNDER 1 Y	EAR IF U	NDER 24 HRS
	LUSUAL OCCUPATION of working most of working from 12 Company of the company of th	ON (Give ki king life, ev	nd of wark en if retired	done 10b.	KIND OF BUSINESS	OR INDU		IRTHPLACE (State  Mary  THER'S MAIDEN	land	country)			S.A.	AT COUNTRY?
	JOHN	13.	Fo	UC	HE		An	INIE	R/	ME	DFO	R.D	. •	
	WAS DECEASED EVE	(If yes, give w		ervice)	SOCIAL SECURITY NO	12	NFORMAN S H //	R.T.	4410	R	ANIVA	POSI	sus'	Md.
	PART I. DEA  PART I. DEA  PART I. DEA  Conditions, if a gave rise to i cause (a), staling lying cause osi	ny, which	AUSED BY: E CAUSE (c DUE TO	Pi	e for (0), (b), and (c)	Tuy	ed pre	umon	ia	old	E lose	nto	INTERVAL ONSET A	BETWEEN ND DEATH
CERTIFICATION	PART JI. OTH	AS UNDERLY	ING DEATH		ONTRIBUTING TO DE							N IN PART 1	(a) 19 W/PEI	AS ALTOPSY REORMED?
MEDICAL	20c. TIME OF INJUR Hour a.m., p. m.		Day, Ye	or 20d. IN While at work	JURY OCCURRED  Not while at work			JURY (Hame, fari , office bldg , el		ty or to	wn)	(Cou	nty)	(State)
	21. I certify the olive on	Dank .	nded the	decease , 19 <b>6</b> 0		March deoth		256 , to	M, from	the c		an the d	late stat	
000	1120WE (17 bg)	esse .		Lkins					apoli		Md.			
63	BURIAL, CREMATIO	22b. D	ATE THEREC		22c. NAME OF CEN	ETERY-0	R CREMATO	DRY	/ /	ATION (	City, lown, ar	county)	di	itale)

240. RECID BY REGISTRAR

240 REGISTRAR'S SIGNATURE

2 Line

20DRESS Jacky

TO HOSPITAL VS A15 (4) 15M 9/58

22 FUNERAL DIRECTOR'S SIGNATURE



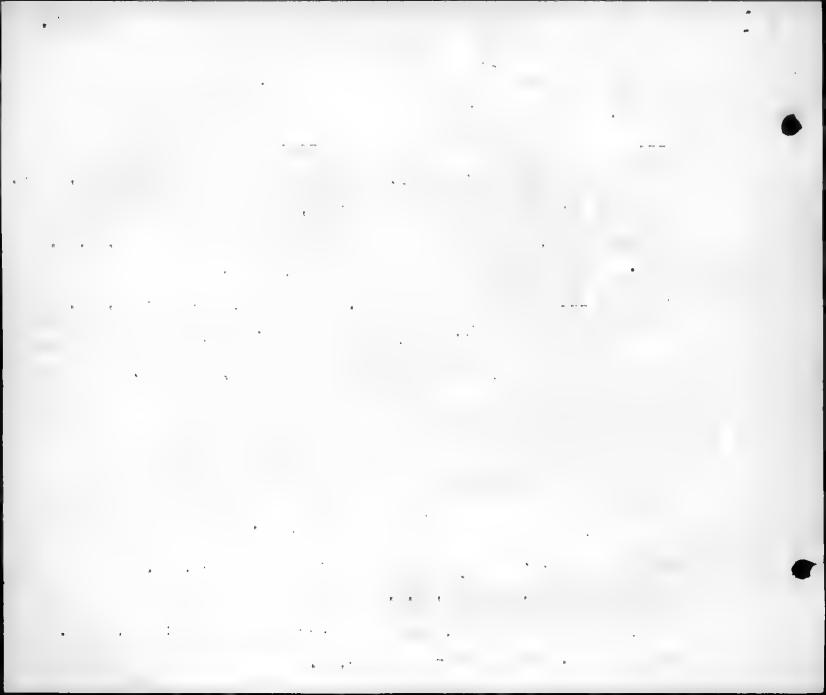
TO HOPPITAL OR

VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1543 **CERTIFICATE OF DEATH**  01535

2020	Reg. Dist. No.
I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bristol 11 years	x Bristol
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) George Washington	Tayman February 5, 19 60
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	July 4, 1882 77 yrs. Months Days Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tobacco Farming Own Farm	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Tayman	Alice Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [1] (If yes. give wor or dates of service)	INFORMANT Address
No ——— M	rs. Ida May Tayman- Bristol, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (et) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	lotter Thombosis 2 has
DUE TO	36/3
Conditions if any which )	Paren 100 1-120 en 1520
gove rise to immediate	Carter Character Con Carter Con C
twin court last	
(0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
C A 110	PERFORMED? YES NO
G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m.    While   Not while   to	octory, street, office bldg., etc.)
	2060 0=6 200
21. I certify that I attended the deceased fram.	1960, to 1960 that I last saw the deceased
alive an, 19 (40, and that death	h occurred at $9:30\mathrm{M}$ , from the causes and an the date stated above.
ACTUAL AS A STATE OF THE ACTUAL	ADDRESS (Street, city or town, state)  DATE SIGNED
	M.D. Upper Marlboro, Md. 2/5/60
PHYSICIAN'S Debant B C	
NAME (Type) RODEPT B. SASSCEP, M.D.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Cemetery Upper Marlboro, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Uppe	EED 4 4
Ritchie Bros Funeral Home- Marlb	oro Md DATE FEB 1 1 '60 arthur S. Kraus



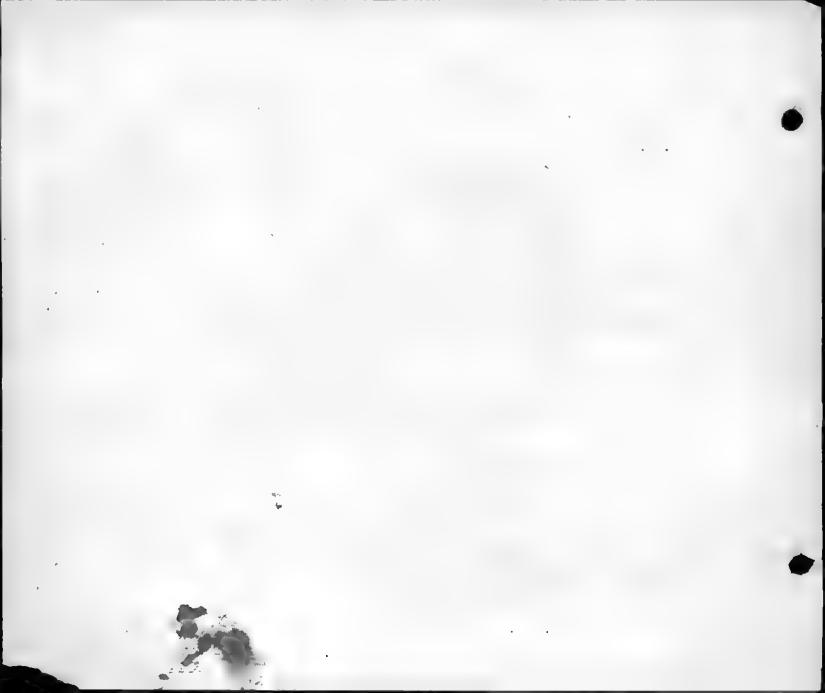


VS A1S (4) 1SM 9/S8

	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE,	18
Item î,	Fil. 6250,3/16/6016 CERTIFIC	ATE OF DEATH	R
CE OF DEATH	1545	2 USUAL RESIDENCE (Where deceased lived. If instit	

Reg. Dist. No. 01537

	PLACE OF DEATH D. COUNTY		15	45		2 USUAL RESID	DENCE (Whe	ге десеазе	d lived. If institu		ice before o	admission)
	Ann	e Arundel		MARY	LAND		rinia		b. COUNT	i Jee		÷
	<ul> <li>CITY OR TOWN (If a RURAL and give near</li> </ul>	outside corporate limit rest town)	s, write	c. LENGTH OF STAY		c. CITY OR	TOWN (IF ou	tside corpi	orate timils, write	RURAL ond	give nearest	t fown)
	Fort Georg			_ 111 h uc	S	Big	Stone	Gap			Y'S >.	
	d. NAME OF HOSPITAL	(If not in hospital, gi	ve street o	ddress)		d STREET A	DDRESS				e. 1	S RESIDENCE
	H S Army	Kaspital				Rout	e #2					ES NO 🔯
3	NAME OF DECEASED	Firs	1	Middle		Los	1	4. DATE OF	Mi	onth.	Day	Year
	(Type or print)	$V_{1}$	RTLL	5.		WA	IPLER	DEATH	Fe	bruar	v 26	1960
5.	SEX	S. COLOR OR RACE	7. MARRII	ED NEVER MARRI	ED 🔲 🛭	. DATE OF BIRTH	H	/	9. AGE (In year			UNDER 24 HRS
	Female	. Valu	WIDOWE				1889	ΥΥ	TO/JAY yo		Doys	ours Min.
10c	USUAL OCCUPATION during most of working	(Give kind of work d	опе 10b. К	CIND OF BUSINESS O	R INDUS	TRY 11, BIRTHPL	ACE (Stole o	r foreign o	country)	12. CIT	IZEN OF WI	HAT COUNTRY?
	-					Vi	rginia	9.			USA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	WE.				
	Chadwell	Slemp				Un	known					
	WAS DECEASED EVER (	N U. S. ARMED FORCE		OCIAL SECURITY NO	. IN	FORMANT			Ad	dress 5 ]	Duval	St.
Ĺ					V:	irginia	Boatri	ight	(Dau)	∪d∈	enton,	Md.
	18. CAUSE OF DEATH	Enter only one cou	se per line	e for (a), (b), and (c).	]							AL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		Cerebral	Hem	orrhage						and death Ins 30 mi
	3/x	DUE TO										
	Conditions, if ony											
	gove rise to imp couse (o), stoting the	nediote Sur To										
	lying cause lost.	) (c)										
Š	PART II. OTHER	SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO	THE TERMIN	IAL DISEAS	SE CONDITION G	IVEN IN PAR	T 1(o) 19. V	WAS AUTOPSY
CATI												ERFORMED?
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20ь. DESCI	RIBE HOW INJURY O	CCURRED	. (Enter noture o	f injury in Pa	ort I or Po	rt II of item 18.)			
ZAL.	20c. TIME OF INJURY	Month, Doy, Yea	20d. IN	JURY OCCURRED	20e, PLA	CE OF INJURY (	Home, form.	20f. (Cit	y or town)	1	County)	(Stote)
EDIC	Hour e.m.	19	While	Not while		ory, street, office			,,	,		(0.010)
5	p. m.			<del>-</del>	1		- OC T	<u>i</u>				
	21. I certify that											
	alive an 26 F	ebruary	_, 12_5	QU, and that	death	accurred all			the causes a		e date st	ated abave.  DATE SIGNED
	ACTUAL ST	anles	Su	galuca	e	1.D			street, city or low		20	Feb 60
	PHYSICIAN'S CUTEA	THE PER CATEGO		1	^	77 0	A 11					7 2/7
	PHYSICIAN'S STA			CAPT., M	G	<u>U.S.</u>	Army I	a sbr	tal, For	t Gen	G Lies	ado, Md
220	BURIAL, CREMATION, REMOVAL (Specify) BUTIAL			22c NAME OF CEMI			2		TION (Cy, town	- 1		(State)
		29th.Feb	1.60	Family	Ceme	tery			g Stane			ginia
23,	FUNERAL DIRECTOR'S	SIGNATURE	1/1	Glen Bur	nie	. Md.	24a, REC'D			ISTRAR'S SI		
1	1 Se Janel 1	- exents	Pr	)		,	DATECER	2916	o a	Thun S.	/ CASUM	



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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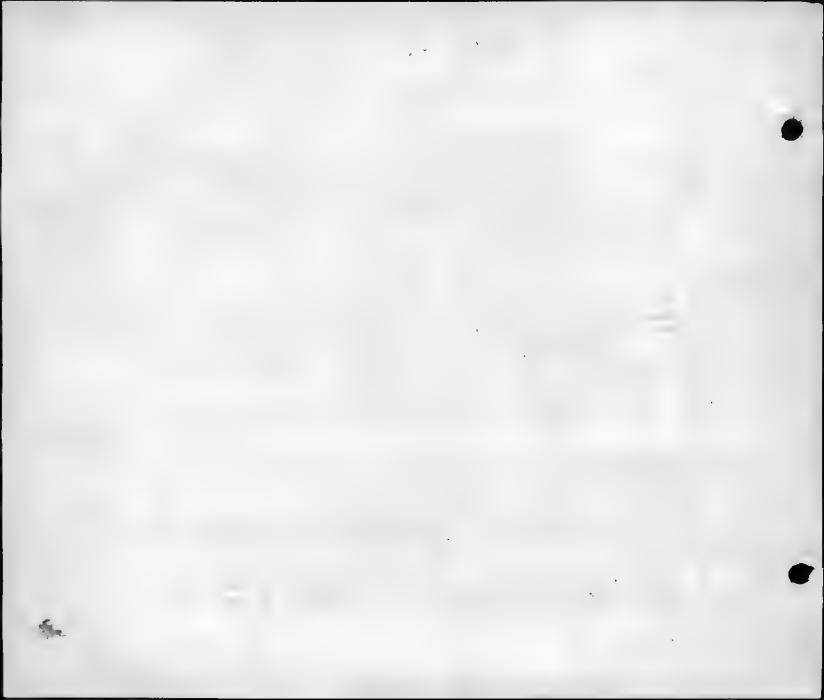
		151.0	·	CERTIFICA	IL OF DEA	Reg. Di	st. No.
PLACE O	F DEATH	104		2. USUAL RESIDENCE	Where deceased lived	If institution Reside	nce befose-admission)
o. COUN	TY CC, CCL	C-80671	te MARYLAND	o STATE	i'x mide	COUNTY (	at
	PR TOWN (If outs de corporate lin	note Tomas RURALY C. I	ENGTH OF STAY IN 16	CHY OR JOWN	If outside carporoterlin	ets, write RURAL and	give hearest lown)
ELLE	jei ceti	11/168		NOThe, E	" TEE	i. 1116	<u>(</u>
d. NAME	OF HOSPITAL OR INSTITUT	TON (If not in hospital,	give street address)	d. STREET ADDRESS		• (	e IS RES DEING
				<u> </u>			YES NO
3. NAME O DECEASE (Type or	D /	First	M'ddla	The state of the s	4. DATE OF DEATH	Month	Doy Year
5. SEX 7 1	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	. DATE OF BIRTH	9. AGE	In yours IF UNDER	19676
130	Le 11/2k	WIDOWED 1	DIVORCED []	7-4-18.	78 And bir	Months !	Days Hours Min.
	OCCUPATION (Give kind of		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	e ar foreign country)	12. CITJ.	ZEN OF WHAT COLNTS
- 5	out of working life, even if re	erried)		Maine	with	16.	1. SIA.
13. FATHER		1.1	11	14. MOTHER'S MAIDEN	NAME		
	1.xle	le lil	110		Louis	Li Lai	17.72 L
15. WAS DE	CEASED EVER IN U. S ARM	dates of service)	AL SECURITY NO. 177	NFORMANT .	Circ .	Address	L+ )
1.000	0	11 6 4	<u> </u>	Chi ches	Millery 6	Entry 11	70 /4
	JSE OF DEATH [Enter only e PART I. DEATH WAS CAUSED		i), (b), and (c). ]	1		,	ONSET AND DEATH
pro	IMMEDIATE CAL		chroc	XJin	were.		worker
11;	DI DI	UE TO				-r <sup>−0</sup>	
	se to immediate cause	(b)					
	ling the underlying	UE TO					
cante		(c)					
CATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTR	BUTING TO DEATH BUT !	IOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE:
	TERNAL CAUSE WAS	206 DESCRIBE HO	W INJURY OCCURRED (I	inter nature of injury in Pa	ort I or Part I) of item 1	8 }	
1 4	OF DEATH.						
2	AE OF INJURY Month, D	by, Year 20d. INJUI White	Not while 120e PLA	CE OF INJURY (Home, for ary, street, office bldg, et	m. 20f. (City ar town)	{Cou	nty) (State)
	p. m.	19 of work					
21. 1	certify that I took-cl	nerge of the remo	oins described abo	ve, held an Autop	sy , Inspecti	on 🖳 Inquir	y , and in m
opinio	on death resulted trop	m: Natural caus	es Accident	, Suicide ,	Homicide	Undetermined n	nanner 🔲
ACTUA	1	- // /	1	CHIEF MEDICAL	EVAMINED C		DATE SIGNED
SIGNA	TURE	Jour	111	_ M.D.	CAL EXAMINER		1/1
EXAMI	NER'S (Type)	Whore	Af .	DEPUTY MEDICAL			2/18/60
270. BURIAL	CREMATION, 226, DATE 1	THEREOF 22c	NAME OF CEMETERY OR	CREMATORY	234:40CATION ICH	y, town, or county)	(Sta)4)
1364	1.ak 2-7-1	1-1960 C	1 ce 15-3 (	Lucylek	De Cope in	nt L	11:CL
23: FUNERA	L DIRECTOR'S SIGNATURE		ADDRESS	}-1 240. REC	/	46. REGISTRAR'S SIG	NATURE
Indl	- CC62711-	Keck II.	107.200	A/// DATE	FEB 25 '60	C Tut !	Frank

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TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reflected execute the certificate, writing the ward "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral flors. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



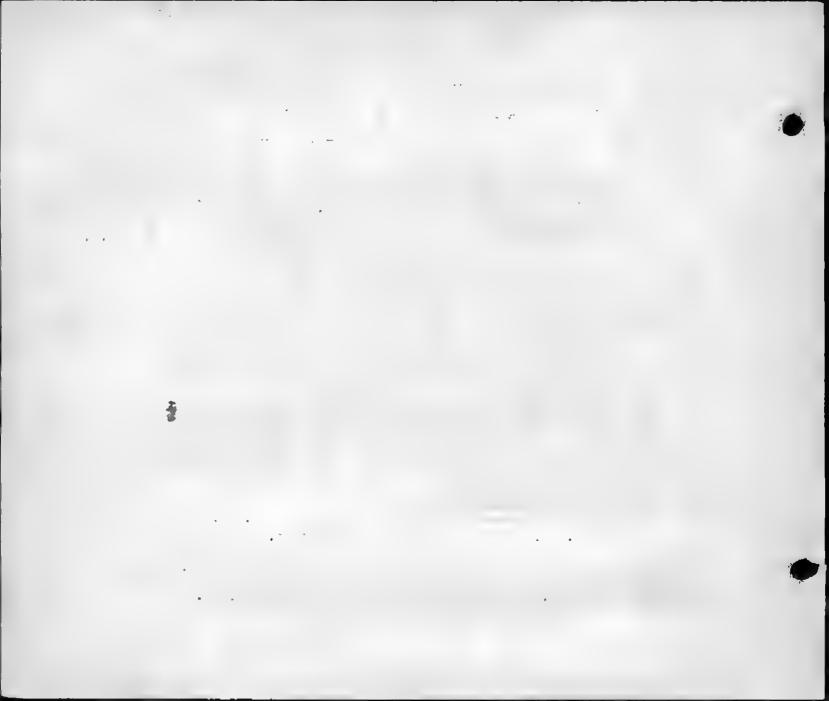
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH burial, cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission a. COUNTY O. STATE b. COUNTY Anne Arundel MARYLAND Same Same b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . O. Pasadena Life Same d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE the registror prior ON A FARM? YES | NO F 3. NAME OF 4. DATE Middle Day Yen -DECEASED (Type or print) DEATH Sharron Watts 19 February j 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH P. AGE (In years FUNDER TYPAR IF UNDER 24 HRS. lost birthday) F. retained Davi WIDOWED I DIVORCED [7] yrs. 20 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sherman Watts Vanida Baker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address The Parents. S. WATTS. None No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 3 days Acute pulmonary infection PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which) gove rise to immediate couse **DUE TO** (a), stoting the underlying couse last. Office ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 12, WAS AUTOPS PERFORMED? NO (X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 6. m. at work of work p. m. orwarded to the Chief Medi-21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A. Inquiry & and find that death resulted from: Natural causes A. Accident , Suicide . Homicide . Undetermined cause cote, ACTUAL DATE SIGNED SIGNATURE di ASSISTANT MEDICAL EXAMINER [77] Gustave H. Faubert, M.D. 2/13/60 NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 240. REC'D BY REGISTRAR 246. REGISTRARYS SIGNATURE VS. A15ME(5) FEB 1 6 '60 5M 9/55



death

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

a condition property

22c. NAME OF CEMETERY OR CREMATORY.

ADDRESS

Year

19 60

(Slote)

(Stole)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SJØNATURE Circling S. Frank

24g REC'D BY REGISTRAR

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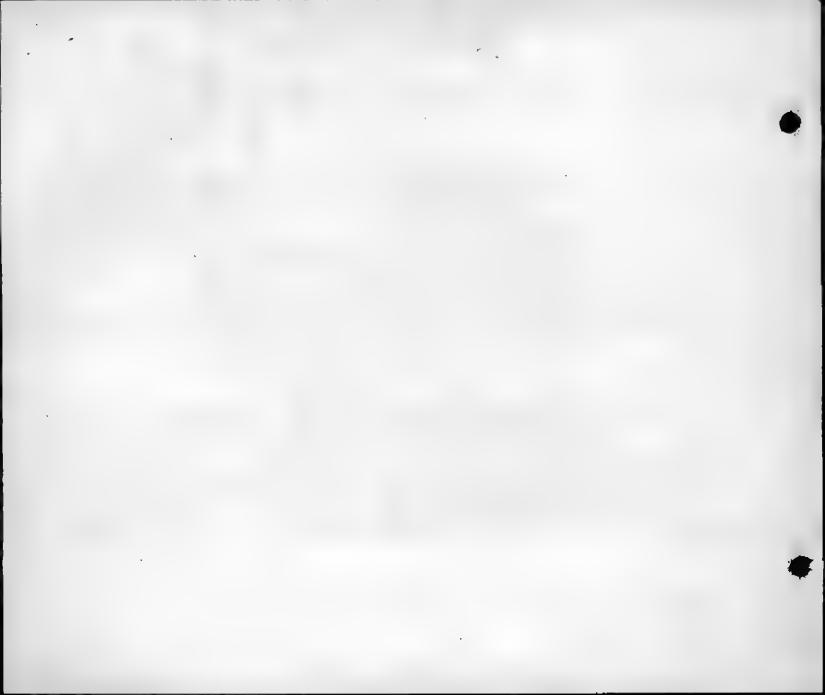
15M 10/57

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATIONS

REMOVAL (Specify

23. FUNERAL DIRECTOR'S SIGNATURE

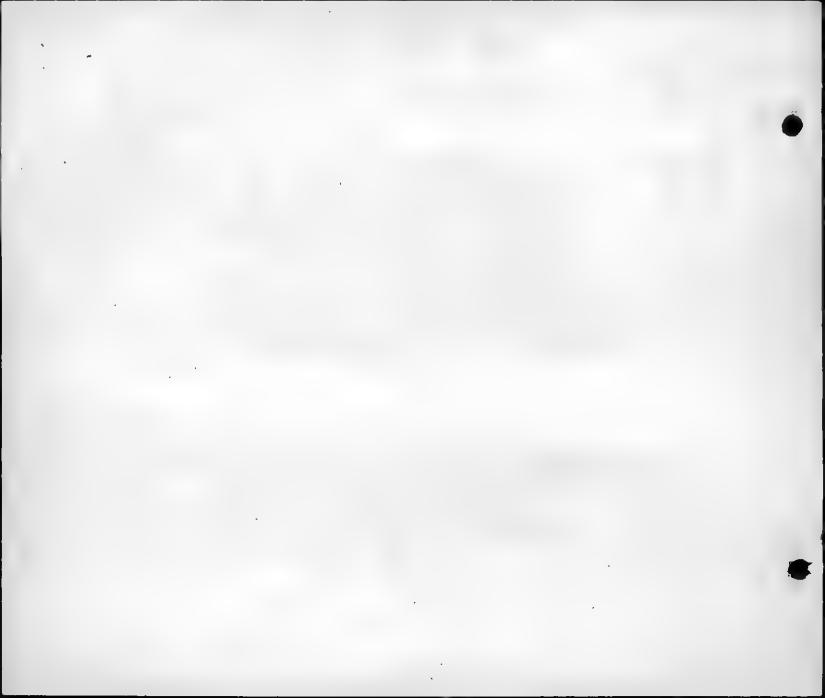
22b. DATE THEREOF



VS A15 (4) 15M, 10/57

	ENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH Reg. 8	01543
- Arunde HARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Reside	ence before admission) .
de corporole limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and XBen Field Rd.	give nearest town)
nat in haspital, give street address)	Box 403 melloroves	e. IS RESIDENCE ON A FARM? YES NO

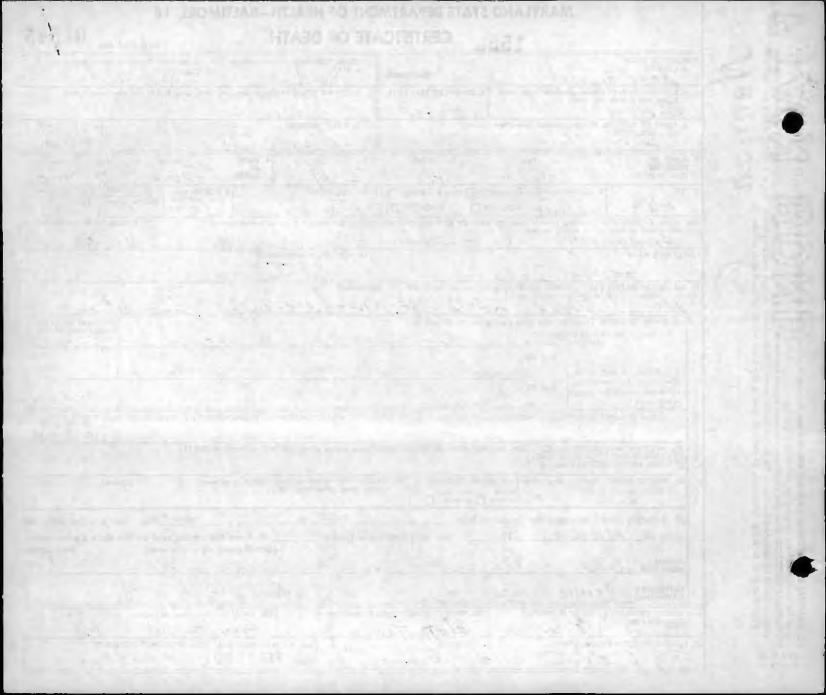
	T,	PLACE OF DEATH  O. COUNTY  AND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  O. STATE  D. COUNTY  A. A.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RURAL ond give nearest town)  RURAL ond give nearest town)  RURAL ond give nearest town)
		d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  d STREET ADDRESS  ON A FARM? YES NOT
		NAME OF DECEASED (Type or print) Plene Leal Wacken FICS DEATH 2-19-60 19
	5. 9	
	10a	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY (Decree of the country)
1	13.	FATHER'S NAME ?
	TS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  Address  Addres
		18. CAUSE OF DEATH [Enter only one prose per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY CONSET AND DEATH  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which)
	7	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)
()	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES \[ \bigcup NO \[ \bigcup \]
		206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port ( or Port II of item 18 )
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  Hour o. m.  19 While Not while of work of twork of twork of twork of twork of two
		21. I certify that I attended the deceased from 1957, 19, to 1960, 19, that I last saw the deceased alive on 3 Feb., and that death occurred at 245/AM, from the causes and on the date stated above
,		ACTUAL SIGNATURE Received DATE SIGNATURE CONTROL DATE SIGNET
1	22.	PHYSICIAN'S COBEST C. Holly 2-19-60
	1	BURIAL CREMATION, 22b PATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BURIAL (Specify) Feb. 23-1960 Flew HAVEN Cemetery Glew BYRNIC md.
	23	FUNERALIDORECTOR'S SIGNATURE & ng/étor ADDRÉSS F. H. 24a. RECIO. BY REGISTRAR 24b REGISTRAR'S SIGNATURE CITCHIAN S. Thomas



1	M.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1/2		CERTIFICATE OF DEATH  Reg. Dist. Nd) 1544
directar	should be filled with	1	PLACE OF DEATH  a. COUNTY  A. A. C. MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)  a. STATE  b. COUNTY  A. A. C. MARYLAND
uneral	E IN	4	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the f	N Y	4	d NAME OF HOSPITAL (If not in hospital, give street address)  OR IDISTITUTION  ON A FARM?  YES NO IN
in 24 nav filled in	es 1 and		NAME OF DECEASED (Type or print) SALAL ELIZA beth Wright Death Feb 24 1960
etely	rs. Poges	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  WIDOWED DIVORCED Sept, 20-1885  9. AGE (In years   FUNDER   YEAR   FUNDER 24 HRS
e execured and campl	de of h	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  A . A . C . / VI d . U.S.A .
care be	rs afte	13.	harles Chambers Louise Brown
n certific	72 hav	15 {Ye	WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  NO. I Pres. DIVE WOLF OF GOTON OF METHOD  213-12-95/1 Louise E. Carroll - 7 Carrott St.
ottendi	en pleas		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  ONSET AND DEATH
ed by the	rmit. The		199.2 DUE TO Conditions, if any, which gave rise to immediate (b) Ital atdominal Hyphrestrony 2 Months
requir ion. en sign	and in	7	couse (a), stating the <u>under-</u> DUE TO  lying couse last.  (c)
ne law physic tas bee	naval,	CATIO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO
tending ificate	the bu	L CERTIF	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  20c. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  20c. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)
ol ar at this cert	emotion	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) p. m. 19 at work at work at work 11 at work 12 at work 19 at work
NUING e haspil t: After	unial, cr		21. I certify that I attended the deceased from 100 3 1 , 1960 to 100 1, 1960, that I last saw the deceased alive an 1260 M, from the causes and on the date stated above
d by th	be deto		ACTUAL SIGNATURE Del av son M.D. 118 - Class of Court of Ly and 166
retaine RAL DI	shauld strar pr		PHYSICIAN'S NAME (Type)
may be	page 3	1	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)  SEMOVAL (Specify)  THE PROPERTY OF CREMATORY  ANNA POLIS - M.
2 E Q 'S A1S ( SM 9/5	(4)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LIST-Md, DATE ADD 1 160 Orthog 8. Thank
		-	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1491 **CERTIFICATE OF DEATH** 

01546 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY CLUMB CREEK COUNTY COUN	DENCE (Where deseased lived. If institution, Residence before admission)  Marylana ( b. COUNTY Missel Willed A
Z	Break Black Breit	OWN Alt outside corporate limits, write RURAL and give neorest town) and Black, Palacella P.O. Mel.
d	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  1 d. STREET AS 8576	Main Street es Is residence on a FARM? YES NO
0	3. NAME OF First Middle Lost (Type or print) Peter A. Zerhusen	4. DATE Month Day Year OF DEATH Feb. 12 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH male white widowed   5-3-1	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  1884   75   Months   Doys   Hours   Min.
10a.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, experif relired).  Net. Balt. ransit	aruland USA
/	11 = 1	MARGEN NAME therine Streb
15. \	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	therine Streb  M. Zerhusen same
~	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if ony, which gove rise to immediate couse (c), stoling the under-lying couse lost.  Conditions of the under-lying couse lost.	generalized 2 years
ATIO	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMED? YES NO [X]
ŭ		injury in Port I or Port II of item 18.)
MEDICAL	To the control of the	form, form, bldg., stc.) (City or town) (County) (State)
	21. I certify that pattended the deceased fram October 10, 1949 alive an Felicians II, 1960, and that death occurred at ACTUAL TRANSMITTER M.D. M. M. M. C. G. G. J. J. M. D. F. C. S. NAME (Type) R.M. M. Lacy & In.	to Abovery 12, 1966, that I last saw the deceased 120 f. M. from the causes and on the date stated above ADDRESS (Street, city or town, state)  OATE SIGNED  SALES OF THE STATE OF THE STAT
1	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY    REMOVAL (Specify)   2-16-60   Holy Redeemen Cen	22d. LOCATION (City, town, or county) (State)
-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Hartord Rd	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE  DATE  1 DAILLMONE MICH.  24a. REC'D BY REGISTRAR'S SIGNATURE  CITTUM 8. FILAMA

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

VS A15 (4) 15M 9/55

r death. Page

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